

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

| | | | | | | | | |
|---|---|--------------|---|----------------|---|-------------------------|---|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | I | PROVIDER NO: | I | PERIOD | I | INTERMEDIARY USE ONLY | I | DATE RECEIVED: |
| COST REPORT CERTIFICATION | I | 14-0125 | I | FROM 1/ 1/2008 | I | --AUDITED --DESK REVIEW | I | / / |
| AND SETTLEMENT SUMMARY | I | | I | TO 12/31/2008 | I | --INITIAL --REOPENED | I | INTERMEDIARY NO: |
| | | | | | I | --FINAL 1-MCR CODE | I | |
| | | | | | I | 00 - # OF REOPENINGS | I | |

ELECTRONICALLY FILED COST REPORT

DATE: 6/ 1/2009 TIME 12:37

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

GATEWAY REGIONAL 14-0125

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 6/ 1/2009 TIME 12:37

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PI ENCRYPTION INFORMATION

DATE: 6/ 1/2009 TIME 12:37

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | | TITLE XVIII | | TITLE XIX |
|-------|--------------------|--------|----------------|--------|--------------|
| | 1 | A 2 | B 3 | 4 | |
| 1 | HOSPITAL | 0 | 109,826 | 46,245 | 0 |
| 2 | SUBPROVIDER | 0 | 74,771 | 0 | 0 |
| 2 .01 | SUBPROVIDER II | 0 | 31,460 | 0 | 0 |
| 5 | HOSPITAL-BASED SNF | 0 | 926 | 0 | 0 |
| 7 | HOSPITAL-BASED HHA | 0 | 0 | 0 | 0 |
| 100 | TOTAL | 0 | 216,983 | 46,245 | 0 |

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2100 MADISON AVENUE
1.01 CITY: GRANITE CITY

P.O. BOX:

STATE: IL ZIP CODE: 62040- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NO. 2 | NPI NUMBER 2.01 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | |
|--------------------------|------------------------|-------------------|--------------------|------------------------|--------------------------------|-------|-----|
| | | | | | V | XVIII | XIX |
| 02.00 HOSPITAL | GATEWAY REGIONAL | 14-0125 | | 7/ 1/1969 | N | P | N |
| 03.00 SUBPROVIDER | PSYCH DPU | 14-S125 | | 1/ 1/1984 | N | P | N |
| 03.01 SUBPROVIDER 2 | REHAB DPU | 14-T125 | | 12/31/2001 | N | P | N |
| 06.00 HOSPITAL-BASED SNF | HOSPITAL BASED SNF | 14-5562 | | 5/23/1986 | N | P | N |
| 09.00 HOSPITAL-BASED HHA | HOSPITAL BASED HHA | 14-7729 | | 11/26/2002 | N | P | N |
| 12.00 HOSP-BASED HOSPICE | HOSPITAL BASED HOSPICE | 14-1509 | | 11/ 6/1996 | | | |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER
20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 I

| | | | | | |
|--|--|---|--------|--------|--------|
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) | N | N | | |
| 26 | IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | 0 | |
| 26.01 | ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / | | | | |
| 26.02 | ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / | | | | |
| 27 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. | N | / | / | |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 | N | | | |
| 28.01 | IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) | | 1 | 2 | 3 4 |
| | | | 100 | 0.9024 | 0.9006 |
| 28.02 | ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY | | 460.75 | 1 | 7040 |
| A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) | | | | | |
| 28.03 | STAFFING | | 74.17% | Y/N | Y |
| 28.04 | RECRUITMENT | | 0.00% | | |
| 28.05 | RETENTION | | 0.00% | | |
| 28.06 | TRAINING | | 0.00% | | |
| 28.07 | OTHER EXPENSES | | 25.83% | Y | |
| 28.08 | | | 0.00% | | |
| 28.09 | | | 0.00% | | |
| 28.10 | | | 0.00% | | |
| 28.11 | | | 0.00% | | |
| 28.12 | | | 0.00% | | |
| 28.13 | | | 0.00% | | |
| 28.14 | | | 0.00% | | |
| 28.15 | | | 0.00% | | |
| 28.16 | | | 0.00% | | |
| 28.17 | | | 0.00% | | |
| 28.18 | | | 0.00% | | |
| 28.19 | | | 0.00% | | |
| 28.20 | | | 0.00% | | |
| 29 | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | N | | | |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) | N | | | |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 | | | | |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) | N | | | |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). | N | | | |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II | N | | | |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| 31.01 | IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| 31.02 | IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| 31.03 | IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| 31.04 | IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| 31.05 | IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | | |
| MISCELLANEOUS COST REPORT INFORMATION | | | | | |
| 32 | IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. | N | | | |
| 33 | IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 | N | | | |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? | N | | | |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | N | | | |
| 35.01 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | N | | | |
| 35.02 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | N | | | |
| 35.03 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | N | | | |
| 35.04 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | N | | | |
| PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL | | | | | |
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) | N | Y | | |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE | N | Y | | |

V XVIII XIX

1 2 3

N Y N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 I

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC. FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 4000 MERIDIAN BOULEVARD P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|---------------------|--------|--------|-------------------|-------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |
| 48.00 SUBPROVIDER | N | N | N | N | N |
| 48.01 SUBPROVIDER 2 | N | N | N | N | N |
| 49.00 SNF | N | N | | | |
| 50.00 HHA | Y | N | | | |

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 624,954
 PAID LOSSES: 1,651,442
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

| | DATE 0 | Y OR N 1 | LIMIT 2 | Y OR N 3 | FEES 4 |
|---|-----------|-------------|------------|-------------|-----------|
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | N | 0.00 | | 0 |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | 0.00 | | 0 |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAIN LIEU OF FORM CMS-2552-96 (12/2008) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 IENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR
"N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y,
ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING
PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC
YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
|-------|--------|-------|----------|------|------------|
| 62.00 | | | | | 0.00 |
| 62.01 | | | | | 0.00 |
| 62.02 | | | | | 0.00 |
| 62.03 | | | | | 0.00 |
| 62.04 | | | | | 0.00 |
| 62.05 | | | | | 0.00 |
| 62.06 | | | | | 0.00 |
| 62.07 | | | | | 0.00 |
| 62.08 | | | | | 0.00 |
| 62.09 | | | | | 0.00 |

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

/ /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-3 |
| I | I TO 12/31/2008 | I PART I |

| COMPONENT | | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH N/A 2.01 | TITLE V 3 | I/P DAYS / TITLE XVIII 4 | O/P VISITS / NOT LTCH N/A 4.01 | TRIPS TOTAL TITLE XIX 5 |
|-----------|--------------------------------|---------------------|----------------------------|--------------------|-----------------|-----------------------------------|---|----------------------------------|
| 1 | ADULTS & PEDIATRICS | 266 | 97,356 | | | 11,319 | | 15,826 |
| 2 | HMO | | | | | | | |
| 2 | 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | 266 | 97,356 | | | 11,319 | | 15,826 |
| 6 | INTENSIVE CARE UNIT | 11 | 4,026 | | | 758 | | 371 |
| 6 | 01 NICU | | | | | | | |
| 11 | NURSERY | | | | | | | 752 |
| 12 | TOTAL | 277 | 101,382 | | | 12,077 | | 16,949 |
| 13 | RPCH VISITS | | | | | | | |
| 14 | SUBPROVIDER | 17 | 6,222 | | | 3,305 | | 844 |
| 14 | 01 SUBPROVIDER II | 14 | 5,124 | | | 1,144 | | 242 |
| 15 | SKILLED NURSING FACILITY | 19 | 6,954 | | | 2,395 | | |
| 16 | NURSING FACILITY | | | | | | | |
| 18 | HOME HEALTH AGENCY | | | | | 4,256 | | |
| 20 | AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 | HOSPICE | | | | | | | |
| 25 | TOTAL | 327 | | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | 178 |
| 26 | 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 26 | 02 OBSERVATION BED DAYS-SUB II | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 | 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | | I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED 5.01 5.02 | | O/P VISITS TOTAL ALL PATS 6 | / TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED 6.01 6.02 | | -- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES TOTAL 7 8 | |
|-----------|--------------------------------|--|-----|--------------------------------------|---|-----|--|--|
| 1 | ADULTS & PEDIATRICS | | | 39,248 | | | | |
| 2 | HMO | | | | | | | |
| 2 | 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | | | 39,248 | | | | |
| 6 | INTENSIVE CARE UNIT | | | 1,673 | | | | |
| 6 | 01 NICU | | | | | | | |
| 11 | NURSERY | | | 787 | | | | |
| 12 | TOTAL | | | 41,708 | | | | |
| 13 | RPCH VISITS | | | | | | | |
| 14 | SUBPROVIDER | | | 5,206 | | | | |
| 14 | 01 SUBPROVIDER II | | | 1,935 | | | | |
| 15 | SKILLED NURSING FACILITY | | | 3,860 | | | | |
| 16 | NURSING FACILITY | | | | | | | |
| 18 | HOME HEALTH AGENCY | | | 7,437 | | | | |
| 20 | AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 | HOSPICE | | | | | | | |
| 25 | TOTAL | | | | | | | |
| 26 | OBSERVATION BED DAYS | 15 | 163 | 554 | 5 | 549 | | |
| 26 | 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 26 | 02 OBSERVATION BED DAYS-SUB II | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 | 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | | I & R FTES NET 9 | --- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10 | | NONPAID WORKERS 11 | DISCHARGES TITLE XVIII 13 | | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|-----------|--------------------------------|------------------------|---|--|-----------------------|---------------------------------|--|-----------------|-----------------------------|
| 1 | ADULTS & PEDIATRICS | | | | | 2,363 | | 2,448 | 8,143 |
| 2 | HMO | | | | | | | | |
| 2 | 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | | | | | | | | |
| 6 | INTENSIVE CARE UNIT | | | | | | | | |
| 6 | 01 NICU | | | | | | | | |
| 11 | NURSERY | | | | | | | | |
| 12 | TOTAL | | 564.05 | | | 2,363 | | 2,448 | 8,143 |
| 13 | RPCH VISITS | | | | | | | | |
| 14 | SUBPROVIDER | | 16.82 | | | 325 | | 62 | 474 |
| 14 | 01 SUBPROVIDER II | | 7.34 | | | 77 | | 16 | 139 |
| 15 | SKILLED NURSING FACILITY | | 11.18 | | | | | | |
| 16 | NURSING FACILITY | | | | | | | | |
| 18 | HOME HEALTH AGENCY | | 8.76 | | | | | | |
| 20 | AMBULATORY SURGICAL CENTER (| | | | | | | | |
| 21 | HOSPICE | | 6.67 | | | | | | |
| 25 | TOTAL | | 614.82 | | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | | |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-3
I I TO 12/31/2008 I PART I

| | | I & R FTES | --- FULL TIME | EQUIV --- | DISCHARGES | | | |
|-----------|--------------------------------|------------|-------------------------|--------------------|------------|----------------|--------------|-----------------------|
| COMPONENT | | NET | EMPLOYEES ON PAYROLL | NONPAID WORKERS | TITLE V | TITLE XVIII | TITLE XIX | TOTAL ALL PATIENTS |
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 26 | 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 26 | 02 OBSERVATION BED DAYS-SUB II | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 | 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

HOSPITAL WAGE INDEX INFORMATION

IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|---|-------------------------|-----------------------------|---------------------------|---|--------------------------------|------------------|
| 1 SALARIES | | | | | | |
| 2 TOTAL SALARY | 29,534,457 | | 29,534,457 | 1,278,833.00 | 23.09 | |
| 3 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 4 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 5 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 6 PHYSICIAN - PART B | | | | | | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 7 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 8 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | 492,827 | | 492,827 | 23,264.00 | 21.18 | |
| 8.01 EXCLUDED AREA SALARIES | 2,027,183 | 99,610 | 2,126,793 | 92,808.00 | 22.92 | |
| 9 OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 825,569 | | 825,569 | 15,213.00 | 54.27 | |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | 12,717 | | 12,717 | 117.00 | 108.69 | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | 1,612,369 | | 1,612,369 | 26,880.00 | 59.98 | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 13 WAGE RELATED COSTS | | | | | | |
| 14 WAGE-RELATED COSTS (CORE) | 5,641,807 | | 5,641,807 | | | CMS 339 |
| 15 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 16 EXCLUDED AREAS | 549,117 | | 549,117 | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 18 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 19 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 20 PHYSICIAN PART B | | | | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FQHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| 21 OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 22 EMPLOYEE BENEFITS | 204,741 | | 204,741 | 8,538.00 | 23.98 | |
| 22.01 ADMINISTRATIVE & GENERAL | 3,985,276 | 129,917 | 4,115,193 | 189,080.00 | 21.76 | |
| 23 A & G UNDER CONTRACT | | | | | | |
| 24 MAINTENANCE & REPAIRS | | | | | | |
| 25 OPERATION OF PLANT | 1,011,986 | | 1,011,986 | 57,306.00 | 17.66 | |
| 26 LAUNDRY & LINEN SERVICE | | | | | | |
| 26.01 HOUSEKEEPING | | | | | | |
| 27 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 28 DIETARY | | | | | | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 29 CAFETERIA | | | | | | |
| 30 MAINTENANCE OF PERSONNEL | | | | | | |
| 31 NURSING ADMINISTRATION | 1,392,068 | | 1,392,068 | 43,790.00 | 31.79 | |
| 32 CENTRAL SERVICE AND SUPPLY | 278,956 | | 278,956 | 19,369.00 | 14.40 | |
| 33 PHARMACY | 1,265,958 | | 1,265,958 | 38,723.00 | 32.69 | |
| 34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | 612,564 | | 612,564 | 40,217.00 | 15.23 | |
| 35 SOCIAL SERVICE | | | | | | |
| 36 OTHER GENERAL SERVICE | | | | | | |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | | |
|--|------------|---------|------------|--------------|-------|--|
| 1 NET SALARIES | 29,534,457 | | 29,534,457 | 1,278,833.00 | 23.09 | |
| 2 EXCLUDED AREA SALARIES | 2,520,010 | 99,610 | 2,619,620 | 116,072.00 | 22.57 | |
| 3 SUBTOTAL SALARIES | 27,014,447 | -99,610 | 26,914,837 | 1,162,761.00 | 23.15 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 2,450,655 | | 2,450,655 | 42,210.00 | 58.06 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 5,641,807 | | 5,641,807 | | 20.96 | |
| 6 TOTAL | 35,106,909 | -99,610 | 35,007,299 | 1,204,971.00 | 29.05 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 8,751,549 | 129,917 | 8,881,466 | 397,023.00 | 22.37 | |

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-4 |
| I HHA NO: | I TO 12/31/2008 | I |
| I 14-7729 | I | I |
| I COUNTY: | I MADISON | |

| | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 |
|-----------------------------|-----------------|---------------------|-------------------|------------|
| 1 HOME HEALTH AIDE HOURS | 0 | 711 | 0 | 507 |
| 2 UNDUPLICATED CENSUS COUNT | | 213.00 | | 280.00 |

TOTAL
5

| | |
|-----------------------------|--------|
| 1 HOME HEALTH AIDE HOURS | 1,218 |
| 2 UNDUPLICATED CENSUS COUNT | 493.00 |

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

| STAFF 1 | CONTRACT 2 | TOTAL 3 |
|------------|---------------|------------|
|------------|---------------|------------|

| | | |
|--|------|------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S) | .83 | .83 |
| 5 OTHER ADMINISTRATIVE PERSONEL | 2.41 | 2.41 |
| 6 DIRECTING NURSING SERVICE | 2.38 | 2.38 |
| 7 NURSING SUPERVISOR | .99 | .99 |
| 8 PHYSICAL THERAPY SERVICE | 1.22 | 1.22 |
| 9 PHYSICAL THERAPY SUPERVISOR | | |
| 10 OCCUPATIONAL THERAPY SERVICE | .24 | .24 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | |
| 12 SPEECH PATHOLOGY SERVICE | .04 | .04 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | |
| 14 MEDICAL SOCIAL SERVICE | .06 | .06 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | |
| 16 HOME HEALTH AIDE | .59 | .59 |
| 17 HOME HEALTH AIDE SUPERVISOR | | |
| 18 | | |

HOME HEALTH AGENCY MSA CODES 1 1.01

| | | |
|--|---|-------|
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? | 0 | 1 |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). | | 41180 |

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

| | WITHOUT OUTLIERS 1 | FULL EPISODES WITH OUTLIERS 2 | LUPA EPISODES 3 | PEP ONLY EPISODES 4 |
|--|--------------------------|--|-----------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 2,007 | 34 | 68 | 7 |
| 22 SKILLED NURSING VISIT CHARGES | 291,015 | 4,930 | 9,860 | 1,015 |
| 23 PHYSICAL THERAPY VISITS | 1,483 | 9 | 7 | 1 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 244,675 | 1,485 | 1,155 | 165 |
| 25 OCCUPATIONAL THERAPY VISITS | 238 | 0 | 1 | 0 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 39,270 | 0 | 165 | 0 |
| 27 SPEECH PATHOLOGY VISITS | 11 | 0 | 0 | 0 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 1,815 | 0 | 0 | 0 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 25 | 0 | 0 | 0 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 3,775 | 0 | 0 | 0 |
| 31 HOME HEALTH AIDE VISITS | 365 | 0 | 0 | 0 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 23,725 | 0 | 0 | 0 |
| 33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31) | 4,129 | 43 | 76 | 8 |
| 34 OTHER CHARGES | 10,181 | 63 | 614 | 8 |
| 35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34) | 614,456 | 6,478 | 11,794 | 1,188 |
| 36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER) | 264 | 0 | 27 | 2 |
| 37 TOTAL NUMBER OF OUTLIER EPISODES | 0 | 1 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 2,670 | 15 | 460 | 15 |

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2008 I
 I 14-7729 I
 COUNTY: MADISON

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

| | SCIC WITHIN A PEP 5 | SCIC ONLY EPISODES 6 | TOTAL (COLS. 1-6) 7 |
|--|---------------------------|----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 0 | 0 | 2,116 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 0 | 306,820 |
| 23 PHYSICAL THERAPY VISITS | 0 | 0 | 1,500 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 0 | 247,480 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 239 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 0 | 39,435 |
| 27 SPEECH PATHOLOGY VISITS | 0 | 0 | 11 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 0 | 0 | 1,815 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 0 | 0 | 25 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 0 | 0 | 3,775 |
| 31 HOME HEALTH AIDE VISITS | 0 | 0 | 365 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 23,725 |
| 33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31) | 0 | 0 | 4,256 |
| 34 OTHER CHARGES | 0 | 0 | 10,866 |
| 35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34) | 0 | 0 | 633,916 |
| 36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER) | 0 | 0 | 293 |
| 37 TOTAL NUMBER OF OUTLIER EPISODES | 0 | 0 | 1 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 3,160 |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-7 |
| I | I TO 12/31/2008 | I |

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO RATE | 10/1 DAYS | SERVICES ON/AFTER RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | DAYS |
|----------|----------------------|---------------------------|--------------|---------------------------|--------------|---------------------------------|------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |
| 1 | RUC | | | | | | |
| 2 | RUB | | | | | | |
| 3 | RUA | | | | | | |
| 3 .01 | RUX | | | | | | |
| 3 .02 | RUL | | | | | | |
| 4 | RVC | | | | | | |
| 5 | RVB | | 135 | | | | |
| 6 | RVA | | 73 | | | | |
| 6 .01 | RVX | | 47 | | | | |
| 6 .02 | RVL | | 213 | | | | |
| 7 | RHC | | 151 | | | | |
| 8 | RHB | | 152 | | | | |
| 9 | RHA | | 183 | | | | |
| 9 .01 | RHX | | | | | | |
| 9 .02 | RHL | | | | | | |
| 10 | RMC | | | | | | |
| 11 | RMB | | 43 | | | | |
| 12 | RMA | | 79 | | | | |
| 12 .01 | RMX | | 343 | | | | |
| 12 .02 | RML | | 795 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14 .01 | RLX | | | | | | |
| 15 | SE3 | | 30 | | | | |
| 16 | SE2 | | 29 | | | | |
| 17 | SE1 | | 2 | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | 118 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | 2 | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | Default | | | | | | |
| 46 | TOTAL | | 2,395 | | | | |

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

| | | |
|-----------------------------------|---|---------------|
| Transition Period | : | 100% Federal |
| Wage Index Factor (before 10/01): | : | 0.9024 |
| Wage Index Factor (after 10/01): | : | 0.9006 |
| SNF Facility Specific Rate | : | 460.75 |
| Urban/Rural Designation | : | URBAN |
| SNF MSA Code | : | 7040 |
| SNF CBSA Code | : | NOT SPECIFIED |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-7 |
| I | I TO 12/31/2008 | I |

| | GROUP(1) | M3PI REVENUE CODE | HIGH COST(2) RUGs DAYS | SWING BED SNF DAYS | TOTAL |
|--------|----------|----------------------|---------------------------|-----------------------|-------|
| | 1 | 2 | 4.05 | 4.06 | 5 |
| 1 | RUC | | | | |
| 2 | RUB | | | | |
| 3 | RUA | | | | |
| 3 .01 | RUX | | | | |
| 3 .02 | RUL | | | | |
| 4 | RVC | | | | |
| 5 | RVB | | | | |
| 6 | RVA | | | | |
| 6 .01 | RVX | | | | |
| 6 .02 | RVL | | | | |
| 7 | RHC | | | | |
| 8 | RHB | | | | |
| 9 | RHA | | | | |
| 9 .01 | RHX | | | | |
| 9 .02 | RHL | | | | |
| 10 | RMC | | | | |
| 11 | RMB | | | | |
| 12 | RMA | | | | |
| 12 .01 | RMX | | | | |
| 12 .02 | RML | | | | |
| 13 | RLB | | | | |
| 14 | RLA | | | | |
| 14 .01 | RLX | | | | |
| 15 | SE3 | | | | |
| 16 | SE2 | | | | |
| 17 | SE1 | | | | |
| 18 | SSC | | | | |
| 19 | SSB | | | | |
| 20 | SSA | | | | |
| 21 | CC2 | | | | |
| 22 | CC1 | | | | |
| 23 | CB2 | | | | |
| 24 | CB1 | | | | |
| 25 | CA2 | | | | |
| 26 | CA1 | | | | |
| 27 | IB2 | | | | |
| 28 | IB1 | | | | |
| 29 | IA2 | | | | |
| 30 | IA1 | | | | |
| 31 | BB2 | | | | |
| 32 | BB1 | | | | |
| 33 | BA2 | | | | |
| 34 | BA1 | | | | |
| 35 | PE2 | | | | |
| 36 | PE1 | | | | |
| 37 | PD2 | | | | |
| 38 | PD1 | | | | |
| 39 | PC2 | | | | |
| 40 | PC1 | | | | |
| 41 | PB2 | | | | |
| 42 | PB1 | | | | |
| 43 | PA2 | | | | |
| 44 | PA1 | | | | |
| 45 | Default | | | | |
| 46 | TOTAL | | | | |

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

| | | |
|-----------------------------------|---|---------------|
| Transition Period | : | 100% Federal |
| Wage Index Factor (before 10/01): | : | 0.9024 |
| Wage Index Factor (after 10/01): | : | 0.9006 |
| SNF Facility Specific Rate | : | 460.75 |
| Urban/Rural Designation | : | URBAN |
| SNF MSA Code | : | 7040 |
| SNF CBSA Code | : | NOT SPECIFIED |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|----------------|------------------|-----------------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-7 |
| I | I TO 12/31/2008 | I NOT A CMS WORKSHEET |
| | | SERVICES THROUGH 12/31/2005 |

| GROUP(1) | | M3PI REVENUE CODE | SERVICES BASE RATE | PRIOR TO RATE | OCTOBER 1ST DAYS | SERVICES BASE RATE | ON OR AFTER RATE | OCTOBER 1ST DAYS |
|----------|---------|----------------------|-----------------------|------------------|---------------------|-----------------------|---------------------|---------------------|
| 1 | | | 3a | 3 | 3.01 | 4a | 4 | 4.01 |
| 1 | RUC | | 475.95 | | | 492.17 | | |
| 2 | RUB | | 436.35 | | | 451.21 | | |
| 3 | RUA | | 415.87 | | | 430.03 | | |
| 3 .01 | RUX | | 560.63 | | | 579.72 | | |
| 3 .02 | RUL | | 492.35 | | | 509.11 | | |
| 4 | RVC | | 382.72 | | | 395.74 | | |
| 5 | RVB | | 363.61 | 363.61 | 108 | 375.98 | 375.98 | 27 |
| 6 | RVA | | 326.73 | 326.73 | 57 | 337.85 | 337.85 | 16 |
| 6 .01 | RVX | | 425.05 | 425.05 | 47 | 439.52 | | |
| 6 .02 | RVL | | 396.37 | 396.37 | 169 | 409.86 | 409.86 | 44 |
| 7 | RHC | | 333.01 | 333.01 | 91 | 344.33 | 344.33 | 60 |
| 8 | RHB | | 317.98 | 317.98 | 122 | 328.80 | 328.80 | 30 |
| 9 | RHA | | 294.76 | 294.76 | 155 | 304.80 | 304.80 | 28 |
| 9 .01 | RHX | | 360.32 | | | 372.58 | | |
| 9 .02 | RHL | | 353.49 | | | 365.52 | | |
| 10 | RMC | | 305.96 | | | 316.37 | | |
| 11 | RMB | | 297.77 | 297.77 | 43 | 307.90 | | |
| 12 | RMA | | 290.93 | 290.93 | 71 | 300.84 | 300.84 | 8 |
| 12 .01 | RMX | | 412.49 | 412.49 | 297 | 426.52 | 426.52 | 46 |
| 12 .02 | RML | | 378.34 | 378.34 | 632 | 391.21 | 391.21 | 163 |
| 13 | RLB | | 269.62 | | | 278.79 | | |
| 14 | RLA | | 230.02 | | | 237.84 | | |
| 14 .01 | RLX | | 292.83 | | | 302.80 | | |
| 15 | SE3 | | 337.25 | 337.25 | 16 | 348.74 | 348.74 | 14 |
| 16 | SE2 | | 286.72 | 286.72 | 16 | 296.48 | 296.48 | 13 |
| 17 | SE1 | | 255.32 | 255.32 | 2 | 264.00 | | |
| 18 | SSC | | 251.22 | | | 259.77 | | |
| 19 | SSB | | 237.56 | | | 245.65 | | |
| 20 | SSA | | 233.46 | 233.46 | 118 | 241.41 | | |
| 21 | CC2 | | 249.86 | | | 258.35 | | |
| 22 | CC1 | | 228.01 | | | 235.76 | | |
| 23 | CB2 | | 217.08 | | | 224.47 | | |
| 24 | CB1 | | 207.51 | | | 214.58 | | |
| 25 | CA2 | | 206.16 | | | 213.17 | | |
| 26 | CA1 | | 192.50 | | | 199.04 | 199.04 | 2 |
| 27 | IB2 | | 184.30 | | | 190.58 | | |
| 28 | IB1 | | 181.57 | | | 187.75 | | |
| 29 | IA2 | | 166.55 | | | 172.21 | | |
| 30 | IA1 | | 159.72 | | | 165.15 | | |
| 31 | BB2 | | 182.93 | | | 189.16 | | |
| 32 | BB1 | | 177.48 | | | 183.51 | | |
| 33 | BA2 | | 165.18 | | | 170.80 | | |
| 34 | BA1 | | 154.26 | | | 159.50 | | |
| 35 | PE2 | | 199.33 | | | 206.11 | | |
| 36 | PE1 | | 195.23 | | | 201.87 | | |
| 37 | PD2 | | 189.76 | | | 196.22 | | |
| 38 | PD1 | | 187.03 | | | 193.40 | | |
| 39 | PC2 | | 180.21 | | | 186.34 | | |
| 40 | PC1 | | 177.48 | | | 183.51 | | |
| 41 | PB2 | | 158.35 | | | 163.75 | | |
| 42 | PB1 | | 156.98 | | | 162.33 | | |
| 43 | PA2 | | 155.62 | | | 160.92 | | |
| 44 | PA1 | | 151.53 | | | 156.68 | | |
| 45 | Default | | 151.53 | | | 156.68 | | |
| 46 | TOTAL | | | | 1,944 | | | 451 |

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

| | | |
|-----------------------------------|---|---------------|
| Transition Period | : | 100% Federal |
| Wage Index Factor (before 10/01): | : | 0.9024 |
| Wage Index Factor (after 10/01): | : | 0.9006 |
| SNF Facility Specific Rate | : | 460.75 |
| Urban/Rural Designation | : | URBAN |
| SNF MSA Code | : | 7040 |
| SNF CBSA Code | : | NOT SPECIFIED |

Non-CMS S-7 options selected:

☐ Calculate Total Days from this worksheet.
☒ Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|----------------|------------------|-----------------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-7 |
| I | I TO 12/31/2008 | I NOT A CMS WORKSHEET |
| | | SERVICES THROUGH 12/31/2005 |

| | | A I D S | DIAGNOSIS | CODE 042 | SWING | TOTAL |
|----------|-------------------|------------------------|------------------------|----------|---------|---------|
| GROUP(1) | M3PI REVENUE CODE | SERV PRIOR TO OCT. 1ST | SERV ON/AFTER OCT. 1ST | | BED SNF | |
| 1 | 2 | RATE | DAYS | RATE | DAYS | 5 |
| 1 | RUC | 1,085.17 | 4.02 | 1,122.15 | 4.06 | |
| 2 | RUB | 994.88 | | 1,028.76 | | |
| 3 | RUA | 948.18 | | 980.47 | | |
| 3 .01 | RUX | 1,278.24 | | 1,321.76 | | |
| 3 .02 | RUL | 1,122.56 | | 1,160.77 | | |
| 4 | RVC | 872.60 | | 902.29 | | |
| 5 | RVB | 829.03 | | 857.23 | | 49,421 |
| 6 | RVA | 744.94 | | 770.30 | | 24,030 |
| 6 .01 | RVX | 969.11 | | 1,002.11 | | 19,977 |
| 6 .02 | RVL | 903.72 | | 934.48 | | 85,021 |
| 7 | RHC | 759.26 | | 785.07 | | 50,964 |
| 8 | RHB | 724.99 | | 749.66 | | 48,658 |
| 9 | RHA | 672.05 | | 694.94 | | 54,222 |
| 9 .01 | RHX | 821.53 | | 849.48 | | |
| 9 .02 | RHL | 805.96 | | 833.39 | | |
| 10 | RMC | 697.59 | | 721.32 | | |
| 11 | RMB | 678.92 | | 702.01 | | 12,804 |
| 12 | RMA | 663.32 | | 685.92 | | 23,063 |
| 12 .01 | RMX | 940.48 | | 972.47 | | 142,130 |
| 12 .02 | RML | 862.62 | | 891.96 | | 302,878 |
| 13 | RLB | 614.73 | | 635.64 | | |
| 14 | RLA | 524.45 | | 542.28 | | |
| 14 .01 | RLX | 667.65 | | 690.38 | | |
| 15 | SE3 | 768.93 | | 795.13 | | 10,278 |
| 16 | SE2 | 653.72 | | 675.97 | | 8,442 |
| 17 | SE1 | 582.13 | | 601.92 | | 511 |
| 18 | SSC | 572.78 | | 592.28 | | |
| 19 | SSB | 541.64 | | 560.08 | | |
| 20 | SSA | 532.29 | | 550.41 | | 27,548 |
| 21 | CC2 | 569.68 | | 589.04 | | |
| 22 | CC1 | 519.86 | | 537.53 | | |
| 23 | CB2 | 494.94 | | 511.79 | | |
| 24 | CB1 | 473.12 | | 489.24 | | |
| 25 | CA2 | 470.04 | | 486.03 | | |
| 26 | CA1 | 438.90 | | 453.81 | | 398 |
| 27 | IB2 | 420.20 | | 434.52 | | |
| 28 | IB1 | 413.98 | | 428.07 | | |
| 29 | IA2 | 379.73 | | 392.64 | | |
| 30 | IA1 | 364.16 | | 376.54 | | |
| 31 | BB2 | 417.08 | | 431.28 | | |
| 32 | BB1 | 404.65 | | 418.40 | | |
| 33 | BA2 | 376.61 | | 389.42 | | |
| 34 | BA1 | 351.71 | | 363.66 | | |
| 35 | PE2 | 454.47 | | 469.93 | | |
| 36 | PE1 | 445.12 | | 460.26 | | |
| 37 | PD2 | 432.65 | | 447.38 | | |
| 38 | PD1 | 426.43 | | 440.95 | | |
| 39 | PC2 | 410.88 | | 424.86 | | |
| 40 | PC1 | 404.65 | | 418.40 | | |
| 41 | PB2 | 361.04 | | 373.35 | | |
| 42 | PB1 | 357.91 | | 370.11 | | |
| 43 | PA2 | 354.81 | | 366.90 | | |
| 44 | PA1 | 345.49 | | 357.23 | | |
| 45 | Default | 345.49 | | 357.23 | | |
| 46 | TOTAL | | | | | 860,345 |

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

| | | |
|-----------------------------------|---|---------------|
| Transition Period | : | 100% Federal |
| Wage Index Factor (before 10/01): | : | 0.9024 |
| Wage Index Factor (after 10/01) : | : | 0.9006 |
| SNF Facility Specific Rate | : | 460.75 |
| Urban/Rural Designation | : | URBAN |
| SNF MSA Code | : | 7040 |
| SNF CBSA Code | : | NOT SPECIFIED |

Non-CMS S-7 options selected:

☐ Calculate Total Days from this worksheet.
☒ Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

| GROUP(1) | M3PI REVENUE CODE | SERVICES BASE RATE 3a | PRIOR TO RATE 3 | OCTOBER 1ST DAYS 3.01 | SERVICES BASE RATE 4a | ON OR AFTER RATE 4 | OCTOBER 1ST DAYS 4.01 |
|----------|----------------------|-----------------------------|-----------------------|-----------------------------|-----------------------------|--------------------------|-----------------------------|
| | | | | | | | |
| 1 | RUC | | | | | | |
| 2 | RUB | | | | | | |
| 3 | RUA | | | | | | |
| 3 .01 | RUX | | | | | | |
| 3 .02 | RUL | | | | | | |
| 4 | RVC | | | | | | |
| 5 | RVB | | | | | | |
| 6 | RVA | | | | | | |
| 6 .01 | RVX | | | | | | |
| 6 .02 | RVL | | | | | | |
| 7 | RHC | | | | | | |
| 8 | RHB | | | | | | |
| 9 | RHA | | | | | | |
| 9 .01 | RHX | | | | | | |
| 9 .02 | RHL | | | | | | |
| 10 | RMC | | | | | | |
| 11 | RMB | | | | | | |
| 12 | RMA | | | | | | |
| 12 .01 | RMX | | | | | | |
| 12 .02 | RML | | | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14 .01 | RLX | | | | | | |
| 15 | SE3 | | | | | | |
| 16 | SE2 | | | | | | |
| 17 | SE1 | | | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | Default | | | | | | |
| 46 | TOTAL | | | | | | |

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.9024
Wage Index Factor (after 10/01): 0.9006
SNF Facility Specific Rate : 460.75
Urban/Rural Designation : URBAN
SNF MSA Code : 7040
SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|----------------|-------------------------------|-----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET S-7 |
| I | I TO 12/31/2008 | I NOT A CMS WORKSHEET |
| | SERVICES ON OR AFTER 1/1/2006 | |

| | | M3PI | | A I D S | | DIAGNOSIS | | CODE 042 | | SWING | | |
|----------|---------|---------|------|---------|-------|-----------|----------|----------|----------|----------|---------|-------|
| GROUP(1) | | REVENUE | CODE | SERV | PRIOR | TO | OCT. 1ST | SERV | ON/AFTER | OCT. 1ST | BED SNF | |
| 1 | | 2 | | RATE | | | DAYS | RATE | | DAYS | DAYS | TOTAL |
| | | | | 4.02 | | | 4.03 | 4.04 | | 4.05 | 4.06 | 5 |
| 1 | RUC | | | | | | | | | | | |
| 2 | RUB | | | | | | | | | | | |
| 3 | RUA | | | | | | | | | | | |
| 3 | .01 RUX | | | | | | | | | | | |
| 3 | .02 RUL | | | | | | | | | | | |
| 4 | RVC | | | | | | | | | | | |
| 5 | RVB | | | | | | | | | | | |
| 6 | RVA | | | | | | | | | | | |
| 6 | .01 RVX | | | | | | | | | | | |
| 6 | .02 RVL | | | | | | | | | | | |
| 7 | RHC | | | | | | | | | | | |
| 8 | RHB | | | | | | | | | | | |
| 9 | RHA | | | | | | | | | | | |
| 9 | .01 RHX | | | | | | | | | | | |
| 9 | .02 RHL | | | | | | | | | | | |
| 10 | RMC | | | | | | | | | | | |
| 11 | RMB | | | | | | | | | | | |
| 12 | RMA | | | | | | | | | | | |
| 12 | .01 RMX | | | | | | | | | | | |
| 12 | .02 RML | | | | | | | | | | | |
| 13 | RLB | | | | | | | | | | | |
| 14 | RLA | | | | | | | | | | | |
| 14 | .01 RLX | | | | | | | | | | | |
| 15 | SE3 | | | | | | | | | | | |
| 16 | SE2 | | | | | | | | | | | |
| 17 | SE1 | | | | | | | | | | | |
| 18 | SSC | | | | | | | | | | | |
| 19 | SSB | | | | | | | | | | | |
| 20 | SSA | | | | | | | | | | | |
| 21 | CC2 | | | | | | | | | | | |
| 22 | CC1 | | | | | | | | | | | |
| 23 | CB2 | | | | | | | | | | | |
| 24 | CB1 | | | | | | | | | | | |
| 25 | CA2 | | | | | | | | | | | |
| 26 | CA1 | | | | | | | | | | | |
| 27 | IB2 | | | | | | | | | | | |
| 28 | IB1 | | | | | | | | | | | |
| 29 | IA2 | | | | | | | | | | | |
| 30 | IA1 | | | | | | | | | | | |
| 31 | BB2 | | | | | | | | | | | |
| 32 | BB1 | | | | | | | | | | | |
| 33 | BA2 | | | | | | | | | | | |
| 34 | BA1 | | | | | | | | | | | |
| 35 | PE2 | | | | | | | | | | | |
| 36 | PE1 | | | | | | | | | | | |
| 37 | PD2 | | | | | | | | | | | |
| 38 | PD1 | | | | | | | | | | | |
| 39 | PC2 | | | | | | | | | | | |
| 40 | PC1 | | | | | | | | | | | |
| 41 | PB2 | | | | | | | | | | | |
| 42 | PB1 | | | | | | | | | | | |
| 43 | PA2 | | | | | | | | | | | |
| 44 | PA1 | | | | | | | | | | | |
| 45 | Default | | | | | | | | | | | |
| 46 | TOTAL | | | | | | | | | | | |

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

| | | |
|-----------------------------------|---|---------------|
| Transition Period | : | 100% Federal |
| Wage Index Factor (before 10/01): | : | 0.9024 |
| Wage Index Factor (after 10/01): | : | 0.9006 |
| SNF Facility Specific Rate | : | 460.75 |
| Urban/Rural Designation | : | URBAN |
| SNF MSA Code | : | 7040 |
| SNF CBSA Code | : | NOT SPECIFIED |

Non-CMS S-7 options selected:

☐ Calculate Total Days from this worksheet.
☒ Transfer total to settlement worksheet.

HOSPICE IDENTIFICATION DATA

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET S-9 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

PART I - ENROLLMENT DAYS

| | TITLE XVIII UNDULICATED MEDICARE DAYS 1 | TITLE XIX UNDULICATED MEDICAID DAYS 2 | TITLE XVIII UNDULICATED SNF DAYS 3 | TITLE XIX UNDULICATED NF DAYS 4 |
|--------------------------|--|--|---|--|
| 1 CONTINUOUS HOME CARE | | | | |
| 2 ROUTINE HOME CARE | 6,620 | 28 | | |
| 3 INPATIENT RESPITE CARE | 15 | | | |
| 4 GENERAL INPATIENT CARE | 127 | 3 | | |
| 5 TOTAL HOSPICE DAYS | 6,762 | 31 | | |

PART I - ENROLLMENT DAYS (CONTINUED)

| | OTHER UNDULICATED DAYS 5 | TOTAL UNDULICATED DAYS 6 |
|--------------------------|-----------------------------------|-----------------------------------|
| 1 CONTINUOUS HOME CARE | | |
| 2 ROUTINE HOME CARE | 45 | 6,693 |
| 3 INPATIENT RESPITE CARE | 4 | 19 |
| 4 GENERAL INPATIENT CARE | 8 | 138 |
| 5 TOTAL HOSPICE DAYS | 57 | 6,850 |

PART II - CENSUS DATA

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SNF 3 | TITLE XIX NF 4 |
|--|------------------|----------------|-------------------------|----------------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 112 | 2 | | |
| 7 TOTAL NUMBER OF UNULICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 60.38 | 15.50 | | |
| 9 UNULICATED CENSUS COUNT | 112 | 2 | | |

PART II - CENSUS DATA (CONTINUED)

| | OTHER 5 | TOTAL 6 |
|--|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 6 | 120 |
| 7 TOTAL NUMBER OF UNULICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 9.50 | 57.08 |
| 9 UNULICATED CENSUS COUNT | 6 | 120 |

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 570,414

17.01 GROSS MEDICAID REVENUES 28,352,492

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 28,922,906

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .130121

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 129,753,216

HOSPITAL UNCOMPENSATED CARE DATA

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET S-10 |
| I | | I | TO 12/31/2008 | I | |
| I | | I | | I | |

DESCRIPTION

| | | |
|----|--|------------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 16,883,618 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 16,720,199 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 2,175,649 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 16,883,618 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0125
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 6/ 1/2009
I WORKSHEET A

| | COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|--------|----------------|--------------------------------------|---------------|------------|------------|-----------------------------|------------------------------------|
| | | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 2 | 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 1,285,996 | 1,285,996 | 862,680 | 2,148,676 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | 2,101,351 | 2,101,351 | 1,769,106 | 3,870,457 |
| 5 | 0500 | EMPLOYEE BENEFITS | 204,741 | 402,009 | 606,750 | 3,682,537 | 4,289,287 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | 3,985,276 | 32,768,363 | 36,753,639 | -4,479,990 | 32,273,649 |
| 8 | 0800 | OPERATION OF PLANT | 1,011,986 | 3,378,221 | 4,390,207 | 249,266 | 4,639,473 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 362,203 | 362,203 | | 362,203 |
| 10 | 1000 | HOUSEKEEPING | | 2,005,052 | 2,005,052 | | 2,005,052 |
| 11 | 1100 | DIETARY | | 2,206,657 | 2,206,657 | | 2,206,657 |
| 12 | 1200 | CAFETERIA | | | | | |
| 14 | 1400 | NURSING ADMINISTRATION | 1,392,068 | 294,920 | 1,686,988 | -350 | 1,686,638 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | 278,956 | 1,310,306 | 1,589,262 | -1,136,132 | 453,130 |
| 16 | 1600 | PHARMACY | 1,265,958 | 2,154,230 | 3,420,188 | -2,133,386 | 1,286,802 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 612,564 | 519,872 | 1,132,436 | | 1,132,436 |
| 18 | 1800 | SOCIAL SERVICE | | | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 | ADULTS & PEDIATRICS | 6,852,170 | 2,110,250 | 8,962,420 | -78,160 | 8,884,260 |
| 26 | 2600 | INTENSIVE CARE UNIT | 770,576 | 292,202 | 1,062,778 | -4,170 | 1,058,608 |
| 26.01 | 2601 | NICU | | | | | |
| 31 | 3100 | SUBPROVIDER | 804,056 | 240,940 | 1,044,996 | -3,768 | 1,041,228 |
| 31.01 | 3101 | SUBPROVIDER II | 410,546 | 451,405 | 861,951 | -2,685 | 859,266 |
| 33 | 3300 | NURSERY | 102,627 | 46,687 | 149,314 | 13,021 | 162,335 |
| 34 | 3400 | SKILLED NURSING FACILITY | 492,827 | 264,304 | 757,131 | -3,455 | 753,676 |
| 35 | 3500 | NURSING FACILITY | | | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 | OPERATING ROOM | 1,760,146 | 3,539,074 | 5,299,220 | -2,217,977 | 3,081,243 |
| 38 | 3800 | RECOVERY ROOM | 273,099 | 51,543 | 324,642 | -2,058 | 322,584 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | 333,898 | 80,158 | 414,056 | 26,227 | 440,283 |
| 40 | 4000 | ANESTHESIOLOGY | | 99,674 | 99,674 | -275 | 99,399 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 1,028,274 | 1,192,499 | 2,220,773 | 755,611 | 2,976,384 |
| 41.01 | 4101 | ULTRA-SOUND | 130,007 | 30,181 | 160,188 | -160,188 | |
| 41.02 | 4102 | CT SCAN | 250,974 | 594,580 | 845,554 | -845,554 | |
| 41.03 | 4103 | MRI | 90,184 | 334,945 | 425,129 | -425,129 | |
| 43 | 4300 | RADIOISOTOPE | 60,685 | 91,273 | 151,958 | -151,958 | |
| 44 | 4400 | LABORATORY | 1,797,019 | 1,544,792 | 3,341,811 | -955,881 | 2,385,930 |
| 49 | 4900 | RESPIRATORY THERAPY | 655,681 | 254,842 | 910,523 | -74,452 | 836,071 |
| 49.01 | 4901 | SLEEP LAB | 129,815 | 37,903 | 167,718 | -167,718 | |
| 50 | 5000 | PHYSICAL THERAPY | 826,248 | 161,345 | 987,593 | 255,203 | 1,242,796 |
| 51 | 5100 | OCCUPATIONAL THERAPY | 240,224 | 21,204 | 261,428 | -261,428 | |
| 52 | 5200 | SPEECH PATHOLOGY | 53,960 | 4,426 | 58,386 | -58,386 | |
| 53 | 5300 | ELECTROCARDIOLOGY | 787,616 | 775,413 | 1,563,029 | -407,599 | 1,155,430 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 3,517,898 | 3,517,898 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | | | | 1,872,205 | 1,872,205 |
| 57 | 5700 | RENAL DIALYSIS | | 133,278 | 133,278 | | 133,278 |
| 59 | 3020 | ACUPUNCTURE | | | | | |
| 59.01 | 3550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 306,063 | 202,777 | 508,840 | -59,053 | 449,787 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 | CLINIC | | | | 1,507,126 | 1,507,126 |
| 61 | 6100 | EMERGENCY | 1,202,328 | 995,755 | 2,198,083 | -11,375 | 2,186,708 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63 | 4950 | RHC | 611,304 | 50,174 | 661,478 | -661,478 | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 66 | 6600 | DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 71 | 7100 | HOME HEALTH AGENCY | 490,634 | 119,725 | 610,359 | -85,462 | 524,897 |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 | INTEREST EXPENSE | | | | | |
| 90 | 9000 | OTHER CAPITAL RELATED COSTS | | | | | |
| 92 | 9200 | AMBULATORY SURGICAL CENTER (D.P.) | | | | | |
| 93 | 9300 | HOSPICE | 277,046 | 287,618 | 564,664 | -142,324 | 422,340 |
| 95 | | SUBTOTALS | 29,489,556 | 62,798,147 | 92,287,703 | -19,511 | 92,268,192 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | | 375,379 | 375,379 | -366,556 | 8,823 |
| 99 | 9900 | NONPAID WORKERS | | | | 92,394 | 92,394 |
| 100 | 7950 | OTHER NONREIMBURSABLE COST CENTERS | | | | | |
| 100.01 | 7951 | OTHER NONREIMB - SENIOR CIRCLE | 44,901 | 3,662 | 48,563 | | 48,563 |
| 100.02 | 7952 | OTHER NONREIMB - MCKINLEY SCHOOL | | | | | |
| 100.03 | 7953 | VNA | | | | | |
| 100.04 | 7954 | OTHER NONREIMB. - MARKETING | | | | 293,673 | 293,673 |
| 100.06 | 7956 | OTHER NONREIMB - TRI-LAB | | | | | |
| 100.07 | 7957 | OTHER NONREIMB - CONVENT | | | | | |
| 100.08 | 7958 | OTHER NONREIMB - UNOCCUPIED SPACE | | | | | |
| 101 | | TOTAL | 29,534,457 | 63,177,188 | 92,711,645 | -0- | 92,711,645 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

| | COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS 6 | NET EXPENSES FOR ALLOC 7 |
|--------|----------------|--------------------------------------|------------------|--------------------------------|
| | | GENERAL SERVICE COST CNTR | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | | |
| 2 | 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | 1,615,980 | 3,764,656 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | -26,499 | 3,843,958 |
| 5 | 0500 | EMPLOYEE BENEFITS | -6,370 | 4,282,917 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | -20,707,546 | 11,566,103 |
| 8 | 0800 | OPERATION OF PLANT | -4,788 | 4,634,685 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 362,203 |
| 10 | 1000 | HOUSEKEEPING | | 2,005,052 |
| 11 | 1100 | DIETARY | -184,208 | 2,022,449 |
| 12 | 1200 | CAFETERIA | | |
| 14 | 1400 | NURSING ADMINISTRATION | -13,300 | 1,673,338 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | | 453,130 |
| 16 | 1600 | PHARMACY | | 1,286,802 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | -4,248 | 1,128,188 |
| 18 | 1800 | SOCIAL SERVICE | | |
| | | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 | ADULTS & PEDIATRICS | -241,825 | 8,642,435 |
| 26 | 2600 | INTENSIVE CARE UNIT | | 1,058,608 |
| 26.01 | 2601 | NICU | | |
| 31 | 3100 | SUBPROVIDER | -101,357 | 939,871 |
| 31.01 | 3101 | SUBPROVIDER II | -35,879 | 823,387 |
| 33 | 3300 | NURSERY | | 162,335 |
| 34 | 3400 | SKILLED NURSING FACILITY | -7,459 | 746,217 |
| 35 | 3500 | NURSING FACILITY | | |
| | | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 | OPERATING ROOM | | 3,081,243 |
| 38 | 3800 | RECOVERY ROOM | | 322,584 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | 440,283 |
| 40 | 4000 | ANESTHESIOLOGY | | 99,399 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | -20 | 2,976,364 |
| 41.01 | 4101 | ULTRA-SOUND | | |
| 41.02 | 4102 | CT SCAN | | |
| 41.03 | 4103 | MRI | | |
| 43 | 4300 | RADIOISOTOPE | | |
| 44 | 4400 | LABORATORY | -25,730 | 2,360,200 |
| 49 | 4900 | RESPIRATORY THERAPY | | 836,071 |
| 49.01 | 4901 | SLEEP LAB | | |
| 50 | 5000 | PHYSICAL THERAPY | | 1,242,796 |
| 51 | 5100 | OCCUPATIONAL THERAPY | | |
| 52 | 5200 | SPEECH PATHOLOGY | | |
| 53 | 5300 | ELECTROCARDIOLOGY | | 1,155,430 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 3,517,898 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | -17,617 | 1,854,588 |
| 57 | 5700 | RENAL DIALYSIS | | 133,278 |
| 59 | 3020 | ACUPUNCTURE | | |
| 59.01 | 3550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | -139,030 | 310,757 |
| | | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 | CLINIC | | 1,507,126 |
| 61 | 6100 | EMERGENCY | -114,843 | 2,071,865 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 63 | 4950 | RHC | | |
| | | OTHER REIMBURS COST CNTRS | | |
| 66 | 6600 | DURABLE MEDICAL EQUIP-RENTED | | |
| 71 | 7100 | HOME HEALTH AGENCY | -76,830 | 448,067 |
| | | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 | INTEREST EXPENSE | | -0- |
| 90 | 9000 | OTHER CAPITAL RELATED COSTS | | -0- |
| 92 | 9200 | AMBULATORY SURGICAL CENTER (D.P.) | | |
| 93 | 9300 | HOSPICE | -72 | 422,268 |
| 95 | | SUBTOTALS | -20,091,641 | 72,176,551 |
| | | NONREIMBURS COST CENTERS | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | | 8,823 |
| 99 | 9900 | NONPAID WORKERS | | 92,394 |
| 100 | 7950 | OTHER NONREIMBURSABLE COST CENTERS | | |
| 100.01 | 7951 | OTHER NONREIMB - SENIOR CIRCLE | | 48,563 |
| 100.02 | 7952 | OTHER NONREIMB - MCKINLEY SCHOOL | | |
| 100.03 | 7953 | VNA | | |
| 100.04 | 7954 | OTHER NONREIMB. - MARKETING | | 293,673 |
| 100.06 | 7956 | OTHER NONREIMB - TRI-LAB | | |
| 100.07 | 7957 | OTHER NONREIMB - CONVENT | | |
| 100.08 | 7958 | OTHER NONREIMB - UNOCCUPIED SPACE | | |
| 101 | | TOTAL | -20,091,641 | 72,620,004 |

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I TO 12/31/2008 I

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 26.01 | NICU | 2601 | INTENSIVE CARE UNIT |
| 31 | SUBPROVIDER | 3100 | |
| 31.01 | SUBPROVIDER II | 3101 | SUBPROVIDER ##### |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 35 | NURSING FACILITY | 3500 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 41.01 | ULTRA-SOUND | 4101 | RADIOLOGY-DIAGNOSTIC |
| 41.02 | CT SCAN | 4102 | RADIOLOGY-DIAGNOSTIC |
| 41.03 | MRI | 4103 | RADIOLOGY-DIAGNOSTIC |
| 43 | RADIOISOTOPE | 4300 | |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 49.01 | SLEEP LAB | 4901 | RESPIRATORY THERAPY |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 57 | RENAL DIALYSIS | 5700 | |
| 59 | ACUPUNCTURE | 3020 | ACUPUNCTURE |
| 59.01 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 3550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 63 | RHC | 4950 | OTHER OUTPATIENT SERVICE COST CENTER |
| | OTHER REIMBURS COST | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | 6600 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 92 | AMBULATORY SURGICAL CENTER (D.P.) | 9200 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | OTHER NONREIMBURSABLE COST CENTERS | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | OTHER NONREIMB - SENIOR CIRCLE | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.02 | OTHER NONREIMB - MCKINLEY SCHOOL | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.03 | VNA | 7953 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.04 | OTHER NONREIMB. - MARKETING | 7954 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.06 | OTHER NONREIMB - TRI-LAB | 7956 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.07 | OTHER NONREIMB - CONVENT | 7957 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.08 | OTHER NONREIMB - UNOCCUPIED SPACE | 7958 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 140125 | FROM 1/ 1/2008 | 6/ 1/2009 |
| | TO 12/31/2008 | WORKSHEET A-6 |

| EXPLANATION OF RECLASSIFICATION | | INCREASE | | |
|---------------------------------|--|----------|-----------|------------|
| CODE | COST CENTER | LINE | SALARY | OTHER |
| (1) | 2 | NO | 4 | 5 |
| 1 | | 3 | | |
| 1 EMPLOYEE BENEFITS | A EMPLOYEE BENEFITS | 5 | | 3,682,537 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 OXYGEN COSTS | B MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 62,798 |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 RENTALS & LEASES | C NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 1,762,182 |
| 17 | ADMINISTRATIVE & GENERAL | 6 | | 204,628 |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | | | | |
| 35 | | | | |
| 1 RENTALS & LEASES | C | | | |
| 2 | | | | |
| 3 | | | | |
| 4 OTHER CAPITAL COST | D NEW CAP REL COSTS-BLDG & FIXT | 3 | | 1,008,152 |
| 5 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 6,924 |
| 6 MARKETING COSTS | E OTHER NONREIMB. - MARKETING | 100.04 | 30,486 | 263,187 |
| 7 MEDICAL SUPPLIES | F MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 3,455,100 |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 DRUGS/IV SOLUTIONS | G DRUGS CHARGED TO PATIENTS | 56 | | 1,872,205 |
| 12 MISCELLANEOUS DEPARTMENTS | H ADMINISTRATIVE & GENERAL | 6 | 160,403 | 38,493 |
| 13 | CLINIC | 60 | 555,673 | 289,975 |
| 14 | NONPAID WORKERS | 99 | 69,124 | 23,270 |
| 15 OTHER RADIOLOGY COSTS | I RADIOLOGY-DIAGNOSTIC | 41 | 531,850 | 484,025 |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 UTILITIES | J OPERATION OF PLANT | 8 | | 258,631 |
| 20 SLEEP LAB | K PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 59.01 | 129,815 | 37,903 |
| 21 THERAPY RECLASS | L PHYSICAL THERAPY | 50 | 294,184 | 25,630 |
| 22 | | | | |
| 23 CLINICAL COSTS | M CLINIC | 60 | 611,304 | 50,174 |
| 24 OB SERVICES | N DELIVERY ROOM & LABOR ROOM | 39 | 19,402 | 7,770 |
| 25 | NURSERY | 33 | 27,625 | |
| 26 | ADULTS & PEDIATRICS | 25 | | 6,500 |
| 36 TOTAL RECLASSIFICATIONS | | | 2,429,866 | 13,540,084 |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140125

 PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

 PREPARED 6/ 1/2009
WORKSHEET A-6

| | | DECREASE | | | A-7 | |
|---------------------------------|------------------|------------------------------------|-----------------|-------------|------------|-----------|
| EXPLANATION OF RECLASSIFICATION | CODE (1) 1 | COST CENTER 6 | LINE NO 7 | SALARY 8 | OTHER 9 | REF 10 |
| 1 EMPLOYEE BENEFITS | A | ADMINISTRATIVE & GENERAL | 6 | | 3,574,765 | |
| 2 | | OPERATION OF PLANT | 8 | | 3,728 | |
| 3 | | NURSING ADMINISTRATION | 14 | | 350 | |
| 4 | | ADULTS & PEDIATRICS | 25 | | 5,000 | |
| 5 | | RADIOLOGY-DIAGNOSTIC | 41 | | 454 | |
| 6 | | MRI | 41.03 | | 195 | |
| 7 | | LABORATORY | 44 | | 107 | |
| 8 | | HOME HEALTH AGENCY | 71 | | 63,286 | |
| 9 | | HOSPICE | 93 | | 34,652 | |
| 10 OXYGEN COSTS | B | OPERATION OF PLANT | 8 | | 5,637 | |
| 11 | | OPERATING ROOM | 37 | | 54 | |
| 12 | | ANESTHESIOLOGY | 40 | | 275 | |
| 13 | | LABORATORY | 44 | | 175 | |
| 14 | | RESPIRATORY THERAPY | 49 | | 55,402 | |
| 15 | | EMERGENCY | 61 | | 1,255 | |
| 16 RENTALS & LEASES | C | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 145,472 | 10 |
| 17 | | CENTRAL SERVICES & SUPPLY | 15 | | 244,563 | |
| 18 | | PHARMACY | 16 | | 261,181 | |
| 19 | | ADULTS & PEDIATRICS | 25 | | 29,229 | |
| 20 | | INTENSIVE CARE UNIT | 26 | | 4,170 | |
| 21 | | SUBPROVIDER | 31 | | 3,768 | |
| 22 | | SUBPROVIDER II | 31.01 | | 2,685 | |
| 23 | | NURSERY | 33 | | 334 | |
| 24 | | SKILLED NURSING FACILITY | 34 | | 3,455 | |
| 25 | | OPERATING ROOM | 37 | | 57,916 | |
| 26 | | RECOVERY ROOM | 38 | | 2,058 | |
| 27 | | DELIVERY ROOM & LABOR ROOM | 39 | | 945 | |
| 28 | | RADIOLOGY-DIAGNOSTIC | 41 | | 259,810 | |
| 29 | | CT SCAN | 41.02 | | 246,559 | |
| 30 | | MRI | 41.03 | | 320,200 | |
| 31 | | LABORATORY | 44 | | 109,953 | |
| 32 | | RESPIRATORY THERAPY | 49 | | 19,050 | |
| 33 | | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 59.01 | | 90 | |
| 34 | | ELECTROCARDIOLOGY | 53 | | 7,479 | |
| 35 | | EMERGENCY | 61 | | 10,120 | |
| 1 RENTALS & LEASES | C | HOME HEALTH AGENCY | 71 | | 22,176 | |
| 2 | | HOSPICE | 93 | | 107,672 | |
| 3 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 107,925 | |
| 4 OTHER CAPITAL COST | D | ADMINISTRATIVE & GENERAL | 6 | | 1,015,076 | 14 |
| 5 | | | | | | 14 |
| 6 MARKETING COSTS | E | ADMINISTRATIVE & GENERAL | 6 | 30,486 | 263,187 | |
| 7 MEDICAL SUPPLIES | F | CENTRAL SERVICES & SUPPLY | 15 | | 891,569 | |
| 8 | | ADULTS & PEDIATRICS | 25 | | 3,404 | |
| 9 | | OPERATING ROOM | 37 | | 2,160,007 | |
| 10 | | ELECTROCARDIOLOGY | 53 | | 400,120 | |
| 11 DRUGS/IV SOLUTIONS | G | PHARMACY | 16 | | 1,872,205 | |
| 12 MISCELLANEOUS DEPARTMENTS | H | LABORATORY | 44 | 555,672 | 289,974 | |
| 13 | | PHYSICAL THERAPY | 50 | 59,510 | 5,101 | |
| 14 | | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 59.01 | 170,018 | 56,663 | |
| 15 OTHER RADIOLOGY COSTS | I | ULTRA-SOUND | 41.01 | 130,007 | 30,181 | |
| 16 | | CT SCAN | 41.02 | 250,974 | 348,021 | |
| 17 | | MRI | 41.03 | 90,184 | 14,550 | |
| 18 | | RADIOISOTOPE | 43 | 60,685 | 91,273 | |
| 19 UTILITIES | J | PHYSICIANS' PRIVATE OFFICES | 98 | | 258,631 | |
| 20 SLEEP LAB | K | SLEEP LAB | 49.01 | 129,815 | 37,903 | |
| 21 THERAPY RECLASS | L | OCCUPATIONAL THERAPY | 51 | 240,224 | 21,204 | |
| 22 | | SPEECH PATHOLOGY | 52 | 53,960 | 4,426 | |
| 23 CLINICAL COSTS | M | RHC | 63 | 611,304 | 50,174 | |
| 24 OB SERVICES | N | ADULTS & PEDIATRICS | 25 | 47,027 | | |
| 25 | | NURSERY | 33 | | 14,270 | |
| 26 | | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 2,429,866 | 13,540,084 | |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 140125 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 6/ 1/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : EMPLOYEE BENEFITS

| INCREASE | | | | DECREASE | | | |
|------------------------------------|-------------------|------|-----------|------------------------------------|-------|-----------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | EMPLOYEE BENEFITS | 5 | 3,682,537 | ADMINISTRATIVE & GENERAL | 6 | 3,574,765 | |
| 2.00 | | | 0 | OPERATION OF PLANT | 8 | 3,728 | |
| 3.00 | | | 0 | NURSING ADMINISTRATION | 14 | 350 | |
| 4.00 | | | 0 | ADULTS & PEDIATRICS | 25 | 5,000 | |
| 5.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 454 | |
| 6.00 | | | 0 | MRI | 41.03 | 195 | |
| 7.00 | | | 0 | LABORATORY | 44 | 107 | |
| 8.00 | | | 0 | HOME HEALTH AGENCY | 71 | 63,286 | |
| 9.00 | | | 0 | HOSPICE | 93 | 34,652 | |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 3,682,537 | TOTAL RECLASSIFICATIONS FOR CODE A | | | 3,682,537 |

RECLASS CODE: B
 EXPLANATION : OXYGEN COSTS

| INCREASE | | | | DECREASE | | | |
|------------------------------------|--------------------------------|------|--------|------------------------------------|------|--------|--------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 62,798 | OPERATION OF PLANT | 8 | 5,637 | |
| 2.00 | | | 0 | OPERATING ROOM | 37 | 54 | |
| 3.00 | | | 0 | ANESTHESIOLOGY | 40 | 275 | |
| 4.00 | | | 0 | LABORATORY | 44 | 175 | |
| 5.00 | | | 0 | RESPIRATORY THERAPY | 49 | 55,402 | |
| 6.00 | | | 0 | EMERGENCY | 61 | 1,255 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 62,798 | TOTAL RECLASSIFICATIONS FOR CODE B | | | 62,798 |

RECLASS CODE: C
 EXPLANATION : RENTALS & LEASES

| INCREASE | | | | DECREASE | | | |
|------------------------------------|-------------------------------|------|-----------|------------------------------------|-------|---------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 1,762,182 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 145,472 | |
| 2.00 | ADMINISTRATIVE & GENERAL | 6 | 204,628 | CENTRAL SERVICES & SUPPLY | 15 | 244,563 | |
| 3.00 | | | 0 | PHARMACY | 16 | 261,181 | |
| 4.00 | | | 0 | ADULTS & PEDIATRICS | 25 | 29,229 | |
| 5.00 | | | 0 | INTENSIVE CARE UNIT | 26 | 4,170 | |
| 6.00 | | | 0 | SUBPROVIDER | 31 | 3,768 | |
| 7.00 | | | 0 | SUBPROVIDER II | 31.01 | 2,685 | |
| 8.00 | | | 0 | NURSERY | 33 | 334 | |
| 9.00 | | | 0 | SKILLED NURSING FACILITY | 34 | 3,455 | |
| 10.00 | | | 0 | OPERATING ROOM | 37 | 57,916 | |
| 11.00 | | | 0 | RECOVERY ROOM | 38 | 2,058 | |
| 12.00 | | | 0 | DELIVERY ROOM & LABOR ROOM | 39 | 945 | |
| 13.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 259,810 | |
| 14.00 | | | 0 | CT SCAN | 41.02 | 246,559 | |
| 15.00 | | | 0 | MRI | 41.03 | 320,200 | |
| 16.00 | | | 0 | LABORATORY | 44 | 109,953 | |
| 17.00 | | | 0 | RESPIRATORY THERAPY | 49 | 19,050 | |
| 18.00 | | | 0 | PSYCHIATRIC/PSYCHOLOGICAL SERV | 59.01 | 90 | |
| 19.00 | | | 0 | ELECTROCARDIOLOGY | 53 | 7,479 | |
| 20.00 | | | 0 | EMERGENCY | 61 | 10,120 | |
| 21.00 | | | 0 | HOME HEALTH AGENCY | 71 | 22,176 | |
| 22.00 | | | 0 | HOSPICE | 93 | 107,672 | |
| 23.00 | | | 0 | PHYSICIANS' PRIVATE OFFICES | 98 | 107,925 | |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 1,966,810 | TOTAL RECLASSIFICATIONS FOR CODE C | | | 1,966,810 |

RECLASS CODE: D
 EXPLANATION : OTHER CAPITAL COST

| INCREASE | | | | DECREASE | | | |
|------------------------------------|-------------------------------|------|-----------|------------------------------------|------|-----------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 1,008,152 | ADMINISTRATIVE & GENERAL | 6 | 1,015,076 | |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 6,924 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 1,015,076 | TOTAL RECLASSIFICATIONS FOR CODE D | | | 1,015,076 |

RECLASS CODE: E
 EXPLANATION : MARKETING COSTS

| INCREASE | | | | DECREASE | | | |
|------------------------------------|-----------------------------|--------|---------|------------------------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | OTHER NONREIMB. - MARKETING | 100.04 | 293,673 | ADMINISTRATIVE & GENERAL | 6 | 293,673 | |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 293,673 | TOTAL RECLASSIFICATIONS FOR CODE E | | | 293,673 |

RECLASS CODE: F
 EXPLANATION : MEDICAL SUPPLIES

| INCREASE | | | | DECREASE | | | |
|----------|--------------------------------|------|-----------|---------------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 3,455,100 | CENTRAL SERVICES & SUPPLY | 15 | 891,569 | |

RECLASSIFICATIONS

| | | |
|--------------|----------------|---------------------------------------|
| PROVIDER NO: | PERIOD: | IN LIEU OF FORM CMS-2552-96 (09/1996) |
| 140125 | FROM 1/ 1/2008 | PREPARED 6/ 1/2009 |
| | TO 12/31/2008 | WORKSHEET A-6 |
| | | NOT A CMS WORKSHEET |

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

| INCREASE | | | DECREASE | | |
|------------------------------------|-------------|-----------|----------|---------------------|-----------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 2.00 | | 0 | 25 | ADULTS & PEDIATRICS | 3,404 |
| 3.00 | | 0 | 37 | OPERATING ROOM | 2,160,007 |
| 4.00 | | 0 | 53 | ELECTROCARDIOLOGY | 400,120 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | 3,455,100 | | | 3,455,100 |

RECLASS CODE: G
EXPLANATION : DRUGS/IV SOLUTIONS

| INCREASE | | | DECREASE | | |
|------------------------------------|---------------------------|-----------|----------|-------------|-----------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 1,872,205 | 16 | PHARMACY | 1,872,205 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | 1,872,205 | | | 1,872,205 |

RECLASS CODE: H
EXPLANATION : MISCELLANEOUS DEPARTMENTS

| INCREASE | | | DECREASE | | |
|------------------------------------|--------------------------|-----------|----------|--------------------------------|-----------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 198,896 | 44 | LABORATORY | 845,646 |
| 2.00 | CLINIC | 845,648 | 50 | PHYSICAL THERAPY | 64,611 |
| 3.00 | NONPAID WORKERS | 92,394 | 59.01 | PSYCHIATRIC/PSYCHOLOGICAL SERV | 226,681 |
| TOTAL RECLASSIFICATIONS FOR CODE H | | 1,136,938 | | | 1,136,938 |

RECLASS CODE: I
EXPLANATION : OTHER RADIOLOGY COSTS

| INCREASE | | | DECREASE | | |
|------------------------------------|----------------------|-----------|----------|--------------|-----------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | RADIOLOGY-DIAGNOSTIC | 1,015,875 | 41.01 | ULTRA-SOUND | 160,188 |
| 2.00 | | 0 | 41.02 | CT SCAN | 598,995 |
| 3.00 | | 0 | 41.03 | MRI | 104,734 |
| 4.00 | | 0 | 43 | RADIOISOTOPE | 151,958 |
| TOTAL RECLASSIFICATIONS FOR CODE I | | 1,015,875 | | | 1,015,875 |

RECLASS CODE: J
EXPLANATION : UTILITIES

| INCREASE | | | DECREASE | | |
|------------------------------------|--------------------|---------|----------|-----------------------------|---------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | OPERATION OF PLANT | 258,631 | 98 | PHYSICIANS' PRIVATE OFFICES | 258,631 |
| TOTAL RECLASSIFICATIONS FOR CODE J | | 258,631 | | | 258,631 |

RECLASS CODE: K
EXPLANATION : SLEEP LAB

| INCREASE | | | DECREASE | | |
|------------------------------------|--------------------------------|---------|----------|-------------|---------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | PSYCHIATRIC/PSYCHOLOGICAL SERV | 167,718 | 49.01 | SLEEP LAB | 167,718 |
| TOTAL RECLASSIFICATIONS FOR CODE K | | 167,718 | | | 167,718 |

RECLASS CODE: L
EXPLANATION : THERAPY RECLASS

| INCREASE | | | DECREASE | | |
|------------------------------------|------------------|---------|----------|----------------------|---------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | PHYSICAL THERAPY | 319,814 | 51 | OCCUPATIONAL THERAPY | 261,428 |
| 2.00 | | 0 | 52 | SPEECH PATHOLOGY | 58,386 |
| TOTAL RECLASSIFICATIONS FOR CODE L | | 319,814 | | | 319,814 |

RECLASS CODE: M
EXPLANATION : CLINICAL COSTS

| INCREASE | | | DECREASE | | |
|------------------------------------|-------------|---------|----------|-------------|---------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | CLINIC | 661,478 | 63 | RHC | 661,478 |
| TOTAL RECLASSIFICATIONS FOR CODE M | | 661,478 | | | 661,478 |

RECLASS CODE: N
EXPLANATION : OB SERVICES

| INCREASE | | | DECREASE | | |
|----------|----------------------------|--------|----------|---------------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | DELIVERY ROOM & LABOR ROOM | 27,172 | 25 | ADULTS & PEDIATRICS | 47,027 |

RECLASSIFICATIONS

| | | |
|------------------------|----------------|---------------------|
| PROVIDER NO: 140125 | PERIOD: | PREPARED 6/ 1/2009 |
| | FROM 1/ 1/2008 | WORKSHEET A-6 |
| | TO 12/31/2008 | NOT A CMS WORKSHEET |

RECLASS CODE: N
EXPLANATION : OB SERVICES

| ----- INCREASE ----- | | | ----- DECREASE ----- | | |
|------------------------------------|---------------------|--------|----------------------|-------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 2.00 | NURSERY | 27,625 | 33 | NURSERY | 14,270 |
| 3.00 | ADULTS & PEDIATRICS | 6,500 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE N | | 61,297 | | | 61,297 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS PURCHASES 2 | DONATION 3 | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|-----------------------|----------------------------|--------------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|
| 1 LAND | | | | | | | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | | | | | | | |
| 4 BUILDING IMPROVEMEN | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | | | | | | | |
| 7 SUBTOTAL | | | | | | | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | | | | | | | |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS PURCHASES 2 | DONATION 3 | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|-----------------------|----------------------------|--------------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|
| 1 LAND | 2,712,052 | | | | | 2,712,052 | |
| 2 LAND IMPROVEMENTS | 2,547,881 | 49,734 | | 49,734 | 1,475 | 2,596,140 | |
| 3 BUILDINGS & FIXTURE | 2,245,321 | 7,180 | | 7,180 | | 2,252,501 | |
| 4 BUILDING IMPROVEMEN | 70,897,599 | 3,433,684 | | 3,433,684 | | 74,331,283 | |
| 5 FIXED EQUIPMENT | 3,209,275 | 639,015 | | 639,015 | | 3,848,290 | |
| 6 MOVABLE EQUIPMENT | 37,496,459 | 1,808,161 | | 1,808,161 | 443,857 | 38,860,763 | |
| 7 SUBTOTAL | 119,108,587 | 5,937,774 | | 5,937,774 | 445,332 | 124,601,029 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 119,108,587 | 5,937,774 | | 5,937,774 | 445,332 | 124,601,029 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| * | DESCRIPTION | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|---|----------------------|-----------------------|---------------------|------------------------|-----------------------------|-------|-----------------------------|-------|
| | | GROSS ASSETS | CAPITIALIZED LEASES | GROSS ASSETS FOR RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 91,242,179 | | 91,242,179 | .701308 | | | |
| 4 | NEW CAP REL COSTS-MV | 38,860,763 | | 38,860,763 | .298692 | | | |
| 5 | TOTAL | 130,102,942 | | 130,102,942 | 1.000000 | | | |

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | TOTAL (1) |
|---|----------------------|--------------------------------|-----------|-----------|-----------|-------|-----------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | |
| | | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 | OLD CAP REL COSTS-BL | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 1,841,622 | -145,472 | 1,006,329 | | | 1,062,177 |
| 4 | NEW CAP REL COSTS-MV | 1,935,111 | 1,762,182 | 139,741 | | | 6,924 |
| 5 | TOTAL | 3,776,733 | 1,616,710 | 1,146,070 | | | 1,069,101 |

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | TOTAL (1) |
|---|----------------------|--------------------------------|-------|----------|-----------|-------|-----------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | |
| | | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 | OLD CAP REL COSTS-BL | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 1,285,996 | | | | | 1,285,996 |
| 4 | NEW CAP REL COSTS-MV | 2,101,351 | | | | | 2,101,351 |
| 5 | TOTAL | 3,387,347 | | | | | 3,387,347 |

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET A-8
 I I TO 12/31/2008 I

| DESCRIPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 | LINE NO 4 | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--------------|---------------------------|
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -679,093 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | -1,768,948 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -167,147 | DIETARY | 11 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | B | -17,617 | DRUGS CHARGED TO PATIENTS | 56 | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | B | -4,248 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.) | B | -350 | NURSING ADMINISTRATION | 14 | |
| 22 VENDING MACHINES | B | -17,061 | DIETARY | 11 | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES | A | 555,626 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 32 DEPRECIATION-NEW MOVABLE EQUIP | A | -149,354 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 OTHER MISCELLANEOUS REVENUE | B | -1,124,536 | ADMINISTRATIVE & GENERAL | 6 | |
| 38 TELEPHONE DEPRECIATION | A | -15,647 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 39 BAD DEBT EXPENSE - HOSPITAL | A | -10,686,289 | ADMINISTRATIVE & GENERAL | 6 | |
| 40 BAD DEBT EXPENSE - HHA | A | -16,435 | HOME HEALTH AGENCY | 71 | |
| 41 OTHER MARKETING COSTS | A | -172,136 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 OTHER MARKETING COSTS | A | -495 | EMPLOYEE BENEFITS | 5 | |
| 43 LEGAL EXPENSE | A | -95,326 | ADMINISTRATIVE & GENERAL | 6 | |
| 44 PHYSICIAN RECRUITING | A | -109,001 | ADMINISTRATIVE & GENERAL | 6 | |
| 45 LOBBYING EXPENSE | A | -15,004 | ADMINISTRATIVE & GENERAL | 6 | |
| 46 CHARITABLE CONTRIBUTIONS | A | -13,715 | ADMINISTRATIVE & GENERAL | 6 | |
| 47 TV CABLE EXPENSE | A | -4,788 | OPERATION OF PLANT | 8 | |
| 48 MEDICAL STAFF RELATIONS | A | -35,912 | ADMINISTRATIVE & GENERAL | 6 | |
| 49 ILLINOIS PROVIDER TAX | A | -5,331,728 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.01 COUNTRY CLUB/SOCIAL DUES | A | -66,252 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.02 PHONE WAGE & OTHER EXPENSE | A | -62,225 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.03 PHONE WAGE BENEFIT COSTS | A | -5,875 | EMPLOYEE BENEFITS | 5 | |
| 49.04 TV DEPRECIATION EXPENSE | A | -1,239 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 49.05 HOSPICE BAD DEBTS | A | -3,401 | HOSPICE | 93 | |
| 49.06 PENALTIES | A | -48,563 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.07 OTHER NON-ALLOWABLE | A | -34,882 | ADMINISTRATIVE & GENERAL | 6 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -20,091,641 | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR GATEWAY REGIONAL

IN LIEU OF FORM CMS-2552-96(09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I
I I TO 12/31/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. |
|----------|---------------------------|---------------------------|--------------------------|-----------|------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 3 | NEW CAP REL COSTS-BLDG & | NEW CAPITAL - BUILDINGS & | ✓ 26,054 | | 26,054 | 11 |
| 2 4 | NEW CAP REL COSTS-MVBLE E | NEW CAPITAL - MME | ✓ 139,741 | | 139,741 | 11 |
| 3 6 | ADMINISTRATIVE & GENERAL | A&G | | 638,855 | -638,855 | |
| 4 6 | ADMINISTRATIVE & GENERAL | MANAGEMENT FEE | ✓ 1,414,329 | 4,746,096 | -3,331,767 | |
| 4.01 6 | ADMINISTRATIVE & GENERAL | INTEREST | ✓ 225,743 | 129,502 | 96,241 | |
| 4.02 6 | ADMINISTRATIVE & GENERAL | MALPRACTICE | 2,276,396 | 1,252,144 | 1,024,252 | |
| 4.03 71 | HOME HEALTH AGENCY | HOME HEALTH | ✓ 4,225 | 64,620 | -60,395 | |
| 4.04 93 | HOSPICE | HOSPICE | ✓ 3,329 | | 3,329 | |
| 4.05 6 | ADMINISTRATIVE & GENERAL | PASI - OPERATING | ✓ 556,657 | 618,505 | -61,848 | |
| 4.06 3 | NEW CAP REL COSTS-BLDG & | PASI - CAPITAL | ✓ 54,025 | | 54,025 | 14 |
| 4.07 3 | NEW CAP REL COSTS-BLDG & | CAPITAL RELATED INTEREST | ✓ 980,275 | | 980,275 | 11 |
| 5 | TOTALS | | 5,680,774 | 7,449,722 | -1,768,948 | |

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
|------------|------|-------------------------|---|-------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 B | | 0.00 | COMMUNITY HEALTH SYSTEMS | 100.00 | HOSPITAL MANAGEMENT |
| 2 | | 0.00 | | 0.00 | |
| 3 | | 0.00 | | 0.00 | |
| 4 | | 0.00 | | 0.00 | |
| 5 | | 0.00 | | 0.00 | |

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 14 | NURSING ADMINISTRATION | 12,950 | 12,950 | | | | | |
| 2 25 | ADULTS & PEDS | 242,542 | 241,825 | 717 | 136,700 | 21 | 1,380 | 69 |
| 3 31 | SUB I - PSYCH | 101,720 | 101,357 | 363 | 142,500 | 11 | 754 | 38 |
| 4 31 1 | SUB II - REHAB | 68,375 | 35,879 | 32,496 | 136,700 | 903 | 59,346 | 2,967 |
| 5 34 | SKILLED NURSING | 16,200 | | 16,200 | 136,700 | 133 | 8,741 | 437 |
| 6 41 | RADIOLOGY - DIAGNOSTIC | 20 | 20 | | | | | |
| 7 44 | LABORATORY | 25,730 | 25,730 | | | | | |
| 9 59 1 | PSYCH SERVICES | 145,339 | 133,339 | 12,000 | 136,700 | 96 | 6,309 | 315 |
| 10 61 | EMERGENCY ROOM | 114,843 | 114,843 | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
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| 18 | | | | | | | | |
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| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 727,719 | 665,943 | 61,776 | | 1,164 | 76,530 | 3,826 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIPS & CONTINUING EDUCATION | PROVIDER COMPONENT SHARE OF COL 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COL 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 14 | NURSING ADMINISTRATION | | | | | | | 12,950 |
| 2 25 | ADULTS & PEDS | | | | | 1,380 | | 241,825 |
| 3 31 | SUB I - PSYCH | | | | | 754 | | 101,357 |
| 4 31 1 | SUB II - REHAB | | | | | 59,346 | | 35,879 |
| 5 34 | SKILLED NURSING | | | | | 8,741 | 7,459 | 7,459 |
| 6 41 | RADIOLOGY - DIAGNOSTIC | | | | | | | 20 |
| 7 44 | LABORATORY | | | | | | | 25,730 |
| 9 59 1 | PSYCH SERVICES | | | | | 6,309 | 5,691 | 139,030 |
| 10 61 | EMERGENCY ROOM | | | | | | | 114,843 |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
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| 19 | | | | | | | | |
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| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | | | | | 76,530 | 13,150 | 679,093 |

COST ALLOCATION STATISTICS

IN LIEU OF FORM CMS-2552-96(9/1997)

| | | |
|----------------|------------------|-----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I NOT A CMS WORKSHEET |
| I | I TO 12/31/2008 | I |

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|-------------------------------|-----------------|------------------------|----------|-------------|
| | GENERAL SERVICE COST | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET | ENTERED |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 2 | SQUARE | FEET | ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 2 | SQUARE | FEET | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -4 | ACCUM. | COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 6 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 7 | POUNDS | | ENTERED |
| 10 | HOUSEKEEPING | 8 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 9 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 10 | FTE'S | | ENTERED |
| 14 | NURSING ADMINISTRATION | 12 | NURSING | SALARIES | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 13 | COSTED | REQS | ENTERED |
| 16 | PHARMACY | 14 | COSTED | REQS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | C | GROSS | CHARGES | NOT ENTERED |
| 18 | SOCIAL SERVICE | 16 | PATIENT | DAYS | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS | SUBTOTAL |
|--------------------------------------|--|------------------------------|-------------------------------|------------------------------|-------------------------------|-----------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 5a.00 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 3,764,656 | | | 3,764,656 | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 3,843,958 | | | | 3,843,958 | | |
| 006 EMPLOYEE BENEFITS | 4,282,917 | | | 13,598 | 16,723 | 4,313,238 | |
| 008 ADMINISTRATIVE & GENERAL | 11,566,103 | | | 402,749 | 495,282 | 605,180 | 13,069,314 |
| 009 OPERATION OF PLANT | 4,634,685 | | | 948,766 | 1,166,747 | 148,823 | 6,899,021 |
| 010 LAUNDRY & LINEN SERVICE | 362,203 | | | | | | 362,203 |
| 011 HOUSEKEEPING | 2,005,052 | | | 55,953 | 68,808 | | 2,129,813 |
| 012 DIETARY | 2,022,449 | | | 49,751 | 61,182 | | 2,133,382 |
| 014 CAFETERIA | | | | 36,838 | 45,301 | | 82,139 |
| 015 NURSING ADMINISTRATION | 1,673,338 | | | 1,351 | 1,661 | 204,718 | 1,881,068 |
| 016 CENTRAL SERVICES & SUPPLY | 453,130 | | | 40,813 | 50,190 | 41,023 | 585,156 |
| 017 PHARMACY | 1,286,802 | | | 29,101 | 35,787 | 186,172 | 1,537,862 |
| 018 MEDICAL RECORDS & LIBRARY | 1,128,188 | | | 116,315 | 143,039 | 90,084 | 1,477,626 |
| 018 SOCIAL SERVICE | | | | 1,750 | 2,152 | | 3,902 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 8,642,435 | | | 423,512 | 520,816 | 1,000,776 | 10,587,539 |
| 026 01 INTENSIVE CARE UNIT | 1,058,608 | | | 128,669 | 158,232 | 113,321 | 1,458,830 |
| 031 NICU | | | | | | | |
| 031 SUBPROVIDER | 939,871 | | | 66,915 | 82,288 | 118,244 | 1,207,318 |
| 031 01 SUBPROVIDER II | 823,387 | | | 41,866 | 51,485 | 60,375 | 977,113 |
| 033 NURSERY | 162,335 | | | 5,308 | 6,528 | 19,155 | 193,326 |
| 034 SKILLED NURSING FACILITY | 746,217 | | | 41,872 | 51,492 | 72,475 | 912,056 |
| 035 NURSING FACILITY | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | 3,081,243 | | | 213,324 | 262,336 | 258,847 | 3,815,750 |
| 039 RECOVERY ROOM | 322,584 | | | 9,206 | 11,322 | 40,162 | 383,274 |
| 040 DELIVERY ROOM & LABOR ROO | 440,283 | | | 36,635 | 45,052 | 51,956 | 573,926 |
| 041 ANESTHESIOLOGY | 99,399 | | | 2,928 | 3,601 | | 105,928 |
| 041 RADIOLOGY-DIAGNOSTIC | 2,976,364 | | | 104,651 | 128,694 | 229,432 | 3,439,141 |
| 041 01 ULTRA-SOUND | | | | | | | |
| 041 02 CT SCAN | | | | | | | |
| 041 03 MRI | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 2,360,200 | | | 44,764 | 55,049 | 182,552 | 2,642,565 |
| 049 RESPIRATORY THERAPY | 836,071 | | | 42,485 | 52,246 | 96,424 | 1,027,226 |
| 049 01 SLEEP LAB | | | | | | | |
| 050 PHYSICAL THERAPY | 1,242,796 | | | 76,799 | 94,444 | 156,019 | 1,570,058 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 1,155,430 | | | 29,291 | 36,021 | 115,827 | 1,336,569 |
| 055 MEDICAL SUPPLIES CHARGED | 3,517,898 | | | | | | 3,517,898 |
| 056 DRUGS CHARGED TO PATIENTS | 1,854,588 | | | | | | 1,854,588 |
| 057 RENAL DIALYSIS | 133,278 | | | | | | 133,278 |
| 059 ACUPUNCTURE | | | | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOGICAL | 310,757 | | | 76,835 | 94,488 | 39,097 | 521,177 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | 1,507,126 | | | | | 171,616 | 1,678,742 |
| 062 EMERGENCY | 2,071,865 | | | 59,970 | 73,748 | 176,814 | 2,382,397 |
| 063 OBSERVATION BEDS (NON-DIS RHC | | | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 071 HOME HEALTH AGENCY | 448,067 | | | 6,653 | 8,182 | 72,153 | 535,055 |
| 092 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | 422,268 | | | 5,987 | 7,362 | 40,742 | 476,359 |
| 095 SUBTOTALS | 72,176,551 | | | 3,114,655 | 3,830,258 | 4,291,987 | 71,491,599 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 4,071 | | | 4,071 |
| 098 PHYSICIANS' PRIVATE OFFIC | 8,823 | | | 502,430 | | | 511,253 |
| 099 NONPAID WORKERS | 92,394 | | | 11,141 | 13,700 | 10,165 | 127,400 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 OTHER NONREIMB - SENIOR C | 48,563 | | | | | 6,603 | 55,166 |
| 100 02 OTHER NONREIMB - MCKINLEY | | | | 57,607 | | | 57,607 |
| 100 03 VNA | | | | | | | |
| 100 04 OTHER NONREIMB. - MARKETI | 293,673 | | | | | 4,483 | 298,156 |
| 100 06 OTHER NONREIMB - TRI-LAB | | | | | | | |
| 100 07 OTHER NONREIMB - CONVENT | | | | | | | |
| 100 08 OTHER NONREIMB - UNOCCUPI | | | | 74,752 | | | 74,752 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 72,620,004 | | | 3,764,656 | 3,843,958 | 4,313,238 | 72,620,004 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | | OPERATION OF PLANT | | LAUNDRY & LINEN SERVICE | | HOUSEKEEPING | | DIETARY | | CAFETERIA | | NURSING ADMINISTRATION | |
|----------------------------------|--------------------------|-----------|--------------------|-----------|-------------------------|---------|--------------|--|---------|--|-----------|--|------------------------|--|
| | 6 | 8 | 9 | 10 | 11 | 12 | 14 | | | | | | | |
| 001 GENERAL SERVICE COST CNTR | | | | | | | | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | 13,069,314 | | | | | | | | | | | | | |
| 009 OPERATION OF PLANT | 1,514,094 | 8,413,115 | | | | | | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 79,491 | | 441,694 | | | | | | | | | | | |
| 011 HOUSEKEEPING | 467,419 | 196,177 | | 2,793,409 | | | | | | | | | | |
| 012 DIETARY | 468,203 | 174,435 | | 59,301 | 2,835,321 | | | | | | | | | |
| 014 CAFETERIA | 18,027 | 129,157 | | 43,908 | | 273,231 | | | | | | | | |
| 015 NURSING ADMINISTRATION | 412,829 | 4,736 | | 1,610 | | 11,683 | 2,311,926 | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 128,421 | 143,095 | | 48,646 | | 5,167 | 48,619 | | | | | | | |
| 017 PHARMACY | 337,507 | 102,032 | | 34,687 | | 10,335 | | | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 324,287 | 407,815 | | 138,640 | | 10,734 | | | | | | | | |
| 018 SOCIAL SERVICE | 856 | 6,134 | | 2,085 | | | | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | | | | | | | | |
| 026 ADULTS & PEDIATRICS | 2,323,617 | 1,484,890 | 209,125 | 504,799 | 2,171,773 | 80,543 | 1,186,073 | | | | | | | |
| 026 01 INTENSIVE CARE UNIT | 320,162 | 451,132 | 18,319 | 153,366 | 49,864 | 7,054 | 134,304 | | | | | | | |
| 031 SUBPROVIDER | 264,964 | 234,611 | 16,982 | 79,758 | 303,893 | 9,336 | | | | | | | | |
| 031 01 SUBPROVIDER II | 214,442 | 146,788 | 25,225 | 49,902 | 96,286 | 4,074 | 71,554 | | | | | | | |
| 033 NURSERY | 42,428 | 18,612 | 7,354 | 6,327 | | 1,182 | 22,702 | | | | | | | |
| 034 SKILLED NURSING FACILITY | 200,164 | 146,809 | 19,819 | 49,909 | 191,512 | 6,205 | 85,895 | | | | | | | |
| 035 NURSING FACILITY | | | | | | | | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | | | | | | | | |
| 038 OPERATING ROOM | 837,424 | 747,943 | 31,706 | 254,269 | 6,531 | 15,896 | 306,776 | | | | | | | |
| 039 RECOVERY ROOM | 84,115 | 32,279 | | 10,973 | | 2,270 | 47,598 | | | | | | | |
| 040 DELIVERY ROOM & LABOR ROO | 125,957 | 128,448 | 17,328 | 43,667 | | 3,363 | 61,577 | | | | | | | |
| 041 ANESTHESIOLOGY | 23,247 | 10,266 | | 3,490 | | | | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 754,771 | 366,919 | 33,527 | 124,737 | | 18,427 | | | | | | | | |
| 041 01 ULTRA-SOUND | | | | | | | | | | | | | | |
| 041 02 CT SCAN | | | | | | | | | | | | | | |
| 041 03 MRI | | | | | | | | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | | | | | | | | |
| 044 LABORATORY | 579,951 | 156,950 | | 53,356 | | 17,361 | | | | | | | | |
| 049 RESPIRATORY THERAPY | 225,440 | 148,958 | | 50,640 | | 9,480 | | | | | | | | |
| 049 01 SLEEP LAB | | | | | | | | | | | | | | |
| 050 PHYSICAL THERAPY | 344,573 | 269,269 | 11,372 | 91,540 | | 10,984 | | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | | | | | | | | |
| 053 ELECTROCARDIOLOGY | 293,330 | 102,700 | | 34,914 | | 8,054 | 137,274 | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 772,055 | | | | | | | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 407,017 | | | | | | | | | | | | | |
| 057 RENAL DIALYSIS | 29,250 | | | | | | | | | | | | | |
| 059 ACUPUNCTURE | | | | | | | | | | | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOGICAL | 114,380 | 269,394 | | 91,582 | | 3,269 | | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | | | | | | | | |
| 061 CLINIC | 368,425 | | | | | 13,093 | | | | | | | | |
| 061 EMERGENCY | 522,853 | 210,261 | 43,483 | 71,480 | 15,462 | 13,365 | 209,554 | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | | | | | | | | |
| 063 RHC | | | | | | | | | | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-REN | | | | | | | | | | | | | | |
| 071 HOME HEALTH AGENCY | 117,426 | 23,328 | | 7,930 | | 4,862 | | | | | | | | |
| 092 SPEC PURPOSE COST CENTERS | | | | | | | | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | | | | | | | | |
| 093 HOSPICE | 104,544 | 20,991 | | 7,136 | | 3,702 | | | | | | | | |
| 095 SUBTOTALS | 12,821,669 | 6,134,129 | 434,240 | 2,018,652 | 2,835,321 | 270,439 | 2,311,926 | | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | 893 | 14,272 | | 4,852 | | | | | | | | | | |
| 099 PHYSICIANS' PRIVATE OFFIC | 112,202 | 1,761,585 | | 598,862 | | | | | | | | | | |
| 100 NONPAID WORKERS | 27,960 | 39,060 | | 13,279 | | 1,793 | | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | | | | | | | | |
| 100 01 OTHER NONREIMB - SENIOR C | 12,107 | | | | | 555 | | | | | | | | |
| 100 02 OTHER NONREIMB - MCKINLEY | 12,643 | 201,978 | 7,454 | 68,664 | | | | | | | | | | |
| 100 03 VNA | | | | | | | | | | | | | | |
| 100 04 OTHER NONREIMB. - MARKETI | 65,435 | | | | | 444 | | | | | | | | |
| 100 06 OTHER NONREIMB - TRI-LAB | | | | | | | | | | | | | | |
| 100 07 OTHER NONREIMB - CONVENT | | | | | | | | | | | | | | |
| 100 08 OTHER NONREIMB - UNOCCUPI | 16,405 | 262,091 | | 89,100 | | | | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | | | | | | | |
| 103 TOTAL | 13,069,314 | 8,413,115 | 441,694 | 2,793,409 | 2,835,321 | 273,231 | 2,311,926 | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

| COST CENTER DESCRIPTION | CENTRAL SERVI PHARMACY CES & SUPPLY | | MEDICAL RECOR SOCIAL DS & LIBRARY E | | SUBTOTAL | I&R COST POST STEP- DOWN ADJ | TOTAL |
|----------------------------------|--|-----------|--|--------|------------|------------------------------------|------------|
| | 15 | 16 | 17 | 18 | | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 959,104 | | | | | | |
| 017 PHARMACY | 7,536 | 2,029,959 | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 3,957 | | 2,363,059 | | | | |
| 025 SOCIAL SERVICE | | | | 12,977 | | | |
| 026 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 53,474 | | 508,603 | 9,671 | 19,120,107 | | 19,120,107 |
| 026 INTENSIVE CARE UNIT | 10,090 | | 34,713 | 411 | 2,638,245 | | 2,638,245 |
| 031 01 NICU | | | | | | | |
| 031 SUBPROVIDER | 2,323 | | 62,307 | 1,279 | 2,182,771 | | 2,182,771 |
| 031 01 SUBPROVIDER II | 4,565 | | 13,166 | 475 | 1,603,590 | | 1,603,590 |
| 033 NURSERY | 4,639 | | 4,604 | 193 | 301,367 | | 301,367 |
| 034 SKILLED NURSING FACILITY | 6,156 | | 24,007 | 948 | 1,643,480 | | 1,643,480 |
| 035 NURSING FACILITY | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | 94,307 | | 267,764 | | 6,378,366 | | 6,378,366 |
| 039 RECOVERY ROOM | 4,236 | | 29,573 | | 594,318 | | 594,318 |
| 040 DELIVERY ROOM & LABOR ROO | 5,007 | | 13,093 | | 972,366 | | 972,366 |
| 041 ANESTHESIOLOGY | 12,182 | | 35,346 | | 190,459 | | 190,459 |
| 041 RADIOLOGY-DIAGNOSTIC | 63,503 | | 238,516 | | 5,039,541 | | 5,039,541 |
| 041 01 ULTRA-SOUND | | | | | | | |
| 041 02 CT SCAN | | | | | | | |
| 041 03 MRI | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 54,706 | | 259,165 | | 3,764,054 | | 3,764,054 |
| 049 RESPIRATORY THERAPY | 15,954 | | 99,771 | | 1,577,469 | | 1,577,469 |
| 049 01 SLEEP LAB | | | | | | | |
| 050 PHYSICAL THERAPY | 2,327 | | 68,459 | | 2,368,582 | | 2,368,582 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 24,449 | | 177,629 | | 2,114,919 | | 2,114,919 |
| 055 MEDICAL SUPPLIES CHARGED | 546,802 | | 117,881 | | 4,954,636 | | 4,954,636 |
| 056 DRUGS CHARGED TO PATIENTS | | 2,029,959 | 131,392 | | 4,422,956 | | 4,422,956 |
| 057 RENAL DIALYSIS | 194 | | 7,499 | | 170,221 | | 170,221 |
| 059 ACUPUNCTURE | | | | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOGICAL | 1,376 | | 10,992 | | 1,012,170 | | 1,012,170 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | 9,441 | | 10,705 | | 2,080,406 | | 2,080,406 |
| 062 EMERGENCY | 27,752 | | 247,874 | | 3,744,481 | | 3,744,481 |
| 063 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 066 RHC | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 071 HOME HEALTH AGENCY | 1,796 | | | | 690,397 | | 690,397 |
| 092 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 AMBULATORY SURGICAL CENTE | | | | | | | |
| 095 HOSPICE | 1,081 | | | | 613,813 | | 613,813 |
| 095 SUBTOTALS | 957,853 | 2,029,959 | 2,363,059 | 12,977 | 68,178,714 | | 68,178,714 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | | | | 24,088 | | 24,088 |
| 099 PHYSICIANS' PRIVATE OFFIC | 59 | | | | 2,983,961 | | 2,983,961 |
| 100 NONPAID WORKERS | 1,192 | | | | 210,684 | | 210,684 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 OTHER NONREIMB - SENIOR C | | | | | 67,828 | | 67,828 |
| 100 02 OTHER NONREIMB - MCKINLEY | | | | | 348,346 | | 348,346 |
| 100 03 VNA | | | | | | | |
| 100 04 OTHER NONREIMB. - MARKETI | | | | | 364,035 | | 364,035 |
| 100 06 OTHER NONREIMB - TRI-LAB | | | | | | | |
| 100 07 OTHER NONREIMB - CONVENT | | | | | | | |
| 100 08 OTHER NONREIMB - UNOCCUPI | | | | | 442,348 | | 442,348 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 959,104 | 2,029,959 | 2,363,059 | 12,977 | 72,620,004 | | 72,620,004 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

| COST CENTER DESCRIPTION | DIR ASSIGNED NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENE FITS |
|----------------------------------|--|------------------------------|-------------------------------|------------------------------|-------------------------------|-----------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 4a | 5 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | 13,598 | 16,723 | 30,321 | 30,321 |
| 008 ADMINISTRATIVE & GENERAL | | | | 402,749 | 495,282 | 898,031 | 4,255 |
| 009 OPERATION OF PLANT | | | | 948,766 | 1,166,747 | 2,115,513 | 1,046 |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | 55,953 | 68,808 | 124,761 | |
| 012 DIETARY | | | | 49,751 | 61,182 | 110,933 | |
| 012 CAFETERIA | | | | 36,838 | 45,301 | 82,139 | |
| 014 NURSING ADMINISTRATION | | | | 1,351 | 1,661 | 3,012 | 1,439 |
| 015 CENTRAL SERVICES & SUPPLY | | | | 40,813 | 50,190 | 91,003 | 288 |
| 016 PHARMACY | | | | 29,101 | 35,787 | 64,888 | 1,309 |
| 017 MEDICAL RECORDS & LIBRARY | | | | 116,315 | 143,039 | 259,354 | 633 |
| 018 SOCIAL SERVICE | | | | 1,750 | 2,152 | 3,902 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | | | | 423,512 | 520,816 | 944,328 | 7,033 |
| 026 INTENSIVE CARE UNIT | | | | 128,669 | 158,232 | 286,901 | 797 |
| 026 01 NICU | | | | | | | |
| 031 SUBPROVIDER | | | | 66,915 | 82,288 | 149,203 | 831 |
| 031 01 SUBPROVIDER II | | | | 41,866 | 51,485 | 93,351 | 425 |
| 033 NURSERY | | | | 5,308 | 6,528 | 11,836 | 135 |
| 034 SKILLED NURSING FACILITY | | | | 41,872 | 51,492 | 93,364 | 510 |
| 035 NURSING FACILITY | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | | | | 213,324 | 262,336 | 475,660 | 1,820 |
| 038 RECOVERY ROOM | | | | 9,206 | 11,322 | 20,528 | 282 |
| 039 DELIVERY ROOM & LABOR ROO | | | | 36,635 | 45,052 | 81,687 | 365 |
| 040 ANESTHESIOLOGY | | | | 2,928 | 3,601 | 6,529 | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 104,651 | 128,694 | 233,345 | 1,613 |
| 041 01 ULTRA-SOUND | | | | | | | |
| 041 02 CT SCAN | | | | | | | |
| 041 03 MRI | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | | | 44,764 | 55,049 | 99,813 | 1,284 |
| 049 RESPIRATORY THERAPY | | | | 42,485 | 52,246 | 94,731 | 678 |
| 049 01 SLEEP LAB | | | | | | | |
| 050 PHYSICAL THERAPY | | | | 76,799 | 94,444 | 171,243 | 1,097 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | 29,291 | 36,021 | 65,312 | 814 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 059 ACUPUNCTURE | | | | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOGICAL | | | | 76,835 | 94,488 | 171,323 | 275 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | 1,207 |
| 061 EMERGENCY | | | | 59,970 | 73,748 | 133,718 | 1,243 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 RHC | | | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | 6,653 | 8,182 | 14,835 | 507 |
| 092 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | 5,987 | 7,362 | 13,349 | 286 |
| 095 SUBTOTALS | | | | 3,114,655 | 3,830,258 | 6,944,913 | 30,172 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 4,071 | | 4,071 | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 502,430 | | 502,430 | |
| 099 NONPAID WORKERS | | | | 11,141 | 13,700 | 24,841 | 71 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 OTHER NONREIMB - SENIOR C | | | | | | | 46 |
| 100 02 OTHER NONREIMB - MCKINLEY | | | | 57,607 | | 57,607 | |
| 100 03 VNA | | | | | | | |
| 100 04 OTHER NONREIMB. - MARKETI | | | | | | | 32 |
| 100 06 OTHER NONREIMB - TRI-LAB | | | | | | | |
| 100 07 OTHER NONREIMB - CONVENT | | | | | | | |
| 100 08 OTHER NONREIMB - UNOCCUPI | | | | 74,752 | | 74,752 | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | | 3,764,656 | 3,843,958 | 7,608,614 | 30,321 |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|-------------------------|------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
| | | 6 | 8 | 9 | 10 | 11 | 12 | 14 |
| 001 | GENERAL SERVICE COST CNTR | | | | | | | |
| 002 | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 | EMPLOYEE BENEFITS | | | | | | | |
| 008 | ADMINISTRATIVE & GENERAL | 902,286 | | | | | | |
| 009 | OPERATION OF PLANT | 104,534 | 2,221,093 | | | | | |
| 010 | LAUNDRY & LINEN SERVICE | 5,488 | | 5,488 | | | | |
| 011 | HOUSEKEEPING | 32,271 | 51,791 | | 208,823 | | | |
| 012 | DIETARY | 32,325 | 46,052 | | 4,433 | 193,743 | | |
| 014 | CAFETERIA | 1,245 | 34,098 | | 3,282 | | 120,764 | |
| 015 | NURSING ADMINISTRATION | 28,502 | 1,250 | | 120 | | 5,164 | 39,487 |
| 016 | CENTRAL SERVICES & SUPPLY | 8,866 | 37,778 | | 3,637 | | 2,284 | 830 |
| 017 | PHARMACY | 23,302 | 26,937 | | 2,593 | | 4,568 | |
| 018 | MEDICAL RECORDS & LIBRARY | 22,389 | 107,665 | | 10,364 | | 4,744 | |
| 025 | SOCIAL SERVICE | 59 | 1,620 | | 156 | | | |
| 026 | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 | ADULTS & PEDIATRICS | 160,396 | 392,016 | 2,599 | 37,737 | 148,402 | 35,598 | 20,257 |
| 026 | INTENSIVE CARE UNIT | 22,104 | 119,100 | 228 | 11,465 | 3,407 | 3,118 | 2,294 |
| 031 | 01 NICU | | | | | | | |
| 031 | SUBPROVIDER | 18,293 | 61,938 | 211 | 5,962 | 20,766 | 4,126 | |
| 031 | 01 SUBPROVIDER II | 14,805 | 38,753 | 313 | 3,730 | 6,579 | 1,801 | 1,222 |
| 033 | NURSERY | 2,929 | 4,914 | 91 | 473 | | 523 | 388 |
| 034 | SKILLED NURSING FACILITY | 13,819 | 38,758 | 246 | 3,731 | 13,086 | 2,743 | 1,467 |
| 035 | NURSING FACILITY | | | | | | | |
| 037 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 | OPERATING ROOM | 57,816 | 197,460 | 394 | 19,008 | 446 | 7,026 | 5,240 |
| 039 | RECOVERY ROOM | 5,807 | 8,522 | | 820 | | 1,003 | 813 |
| 040 | DELIVERY ROOM & LABOR ROO | 8,696 | 33,911 | 215 | 3,264 | | 1,487 | 1,052 |
| 041 | ANESTHESIOLOGY | 1,605 | 2,710 | | 261 | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 52,110 | 96,868 | 417 | 9,325 | | 8,144 | |
| 041 | 01 ULTRA-SOUND | | | | | | | |
| 041 | 02 CT SCAN | | | | | | | |
| 041 | 03 MRI | | | | | | | |
| 043 | RADIOISOTOPE | | | | | | | |
| 044 | LABORATORY | 40,040 | 41,435 | | 3,989 | | 7,673 | |
| 049 | RESPIRATORY THERAPY | 15,565 | 39,326 | | 3,786 | | 4,190 | |
| 049 | 01 SLEEP LAB | | | | | | | |
| 050 | PHYSICAL THERAPY | 23,790 | 71,088 | 141 | 6,843 | | 4,855 | |
| 051 | OCCUPATIONAL THERAPY | | | | | | | |
| 052 | SPEECH PATHOLOGY | | | | | | | |
| 053 | ELECTROCARDIOLOGY | 20,252 | 27,113 | | 2,610 | | 3,560 | 2,345 |
| 055 | MEDICAL SUPPLIES CHARGED | 53,303 | | | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | 28,101 | | | | | | |
| 057 | RENAL DIALYSIS | 2,019 | | | | | | |
| 059 | ACUPUNCTURE | | | | | | | |
| 059 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 7,897 | 71,121 | | 6,846 | | 1,445 | |
| 060 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 | CLINIC | 25,436 | | | | | 5,787 | |
| 062 | EMERGENCY | 36,098 | 55,510 | 540 | 5,344 | 1,057 | 5,907 | 3,579 |
| 063 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 066 | RHC | | | | | | | |
| 071 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 092 | HOME HEALTH AGENCY | 8,107 | 6,159 | | 593 | | 2,149 | |
| 093 | SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 | AMBULATORY SURGICAL CENTE | | | | | | | |
| 095 | HOSPICE | 7,218 | 5,542 | | 533 | | 1,636 | |
| 096 | SUBTOTALS | 885,187 | 1,619,435 | 5,395 | 150,905 | 193,743 | 119,531 | 39,487 |
| 098 | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | GIFT, FLOWER, COFFEE SHOP | 62 | 3,768 | | 363 | | | |
| 099 | PHYSICIANS' PRIVATE OFFIC | 7,747 | 465,062 | | 44,768 | | | |
| 100 | NONPAID WORKERS | 1,930 | 10,312 | | 993 | | 792 | |
| 100 | OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 | 01 OTHER NONREIMB - SENIOR C | 836 | | | | | 245 | |
| 100 | 02 OTHER NONREIMB - MCKINLEY | 873 | 53,323 | 93 | 5,133 | | | |
| 100 | 03 VNA | | | | | | | |
| 100 | 04 OTHER NONREIMB. - MARKETI | 4,518 | | | | | 196 | |
| 100 | 06 OTHER NONREIMB - TRI-LAB | | | | | | | |
| 100 | 07 OTHER NONREIMB - CONVENT | | | | | | | |
| 100 | 08 OTHER NONREIMB - UNOCCUPI | 1,133 | 69,193 | | 6,661 | | | |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 902,286 | 2,221,093 | 5,488 | 208,823 | 193,743 | 120,764 | 39,487 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART III

| | COST CENTER DESCRIPTION | CENTRAL SERVI | PHARMACY | MEDICAL RECOR | SOCIAL SERVIC | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----|------------------------------|---------------|----------|---------------|---------------|-----------|--------------------------------|-----------|
| | | CES & SUPPLY | | DS & LIBRARY | E | | | |
| | | 15 | 16 | 17 | 18 | 25 | 26 | 27 |
| 001 | GENERAL SERVICE COST CNTR | | | | | | | |
| 002 | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 | EMPLOYEE BENEFITS | | | | | | | |
| 008 | ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 | OPERATION OF PLANT | | | | | | | |
| 010 | LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 | HOUSEKEEPING | | | | | | | |
| 012 | DIETARY | | | | | | | |
| 014 | CAFETERIA | | | | | | | |
| 015 | NURSING ADMINISTRATION | | | | | | | |
| 016 | CENTRAL SERVICES & SUPPLY | 144,686 | | | | | | |
| 017 | PHARMACY | 1,137 | 124,734 | | | | | |
| 018 | MEDICAL RECORDS & LIBRARY | 597 | | 405,746 | | | | |
| 025 | SOCIAL SERVICE | | | | 5,737 | | | |
| 026 | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 | ADULTS & PEDIATRICS | 8,067 | | 87,529 | 4,276 | 1,848,238 | | 1,848,238 |
| 026 | INTENSIVE CARE UNIT | 1,522 | | 5,957 | 182 | 457,075 | | 457,075 |
| 031 | 01 NICU | | | | | | | |
| 031 | SUBPROVIDER | 350 | | 10,692 | 565 | 272,937 | | 272,937 |
| 033 | 01 SUBPROVIDER II | 689 | | 2,259 | 210 | 164,137 | | 164,137 |
| 034 | NURSERY | 700 | | 790 | 85 | 22,864 | | 22,864 |
| 035 | SKILLED NURSING FACILITY | 929 | | 4,119 | 419 | 173,191 | | 173,191 |
| 037 | NURSING FACILITY | | | | | | | |
| 038 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 | OPERATING ROOM | 14,227 | | 45,947 | | 825,044 | | 825,044 |
| 039 | RECOVERY ROOM | 639 | | 5,075 | | 43,489 | | 43,489 |
| 040 | DELIVERY ROOM & LABOR ROO | 755 | | 2,247 | | 133,679 | | 133,679 |
| 041 | ANESTHESIOLOGY | 1,838 | | 6,065 | | 19,008 | | 19,008 |
| 041 | RADIOLOGY-DIAGNOSTIC | 9,580 | | 40,928 | | 452,330 | | 452,330 |
| 041 | 01 ULTRA-SOUND | | | | | | | |
| 041 | 02 CT SCAN | | | | | | | |
| 041 | 03 MRI | | | | | | | |
| 043 | RADIOISOTOPE | | | | | | | |
| 044 | LABORATORY | 8,253 | | 44,472 | | 246,959 | | 246,959 |
| 049 | RESPIRATORY THERAPY | 2,407 | | 17,120 | | 177,803 | | 177,803 |
| 049 | 01 SLEEP LAB | | | | | | | |
| 050 | PHYSICAL THERAPY | 351 | | 11,747 | | 291,155 | | 291,155 |
| 051 | OCCUPATIONAL THERAPY | | | | | | | |
| 052 | SPEECH PATHOLOGY | | | | | | | |
| 053 | ELECTROCARDIOLOGY | 3,688 | | 30,481 | | 156,175 | | 156,175 |
| 055 | MEDICAL SUPPLIES CHARGED | 82,487 | | 20,228 | | 156,018 | | 156,018 |
| 056 | DRUGS CHARGED TO PATIENTS | | 124,734 | 22,546 | | 175,381 | | 175,381 |
| 057 | RENAL DIALYSIS | 29 | | 1,287 | | 3,335 | | 3,335 |
| 059 | ACUPUNCTURE | | | | | | | |
| 059 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 208 | | 1,886 | | 261,001 | | 261,001 |
| 060 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 | CLINIC | 1,424 | | 1,837 | | 35,691 | | 35,691 |
| 062 | EMERGENCY | 4,186 | | 42,534 | | 289,716 | | 289,716 |
| 063 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 066 | RHC | | | | | | | |
| 066 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 071 | HOME HEALTH AGENCY | 271 | | | | 32,621 | | 32,621 |
| 092 | SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 | AMBULATORY SURGICAL CENTE | | | | | | | |
| 095 | HOSPICE | 163 | | | | 28,727 | | 28,727 |
| 095 | SUBTOTALS | 144,497 | 124,734 | 405,746 | 5,737 | 6,266,574 | | 6,266,574 |
| 096 | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | GIFT, FLOWER, COFFEE SHOP | | | | | 8,264 | | 8,264 |
| 099 | PHYSICIANS' PRIVATE OFFIC | 9 | | | | 1,020,016 | | 1,020,016 |
| 100 | NONPAID WORKERS | 180 | | | | 39,119 | | 39,119 |
| 100 | OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 | 01 OTHER NONREIMB - SENIOR C | | | | | 1,127 | | 1,127 |
| 100 | 02 OTHER NONREIMB - MCKINLEY | | | | | 117,029 | | 117,029 |
| 100 | 03 VNA | | | | | | | |
| 100 | 04 OTHER NONREIMB. - MARKETI | | | | | 4,746 | | 4,746 |
| 100 | 06 OTHER NONREIMB - TRI-LAB | | | | | | | |
| 100 | 07 OTHER NONREIMB - CONVENT | | | | | | | |
| 100 | 08 OTHER NONREIMB - UNOCCUPI | | | | | 151,739 | | 151,739 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 144,686 | 124,734 | 405,746 | 5,737 | 7,608,614 | | 7,608,614 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET B |
| I | | I | TO 12/31/2008 | I | PART III |

COST CENTER
DESCRIPTION

001 GENERAL SERVICE COST CNTR
 002 OLD CAP REL COSTS-BLDG &
 003 OLD CAP REL COSTS-MVBLE E
 004 NEW CAP REL COSTS-BLDG &
 005 NEW CAP REL COSTS-MVBLE E
 006 EMPLOYEE BENEFITS
 008 ADMINISTRATIVE & GENERAL
 009 OPERATION OF PLANT
 010 LAUNDRY & LINEN SERVICE
 011 HOUSEKEEPING
 012 DIETARY
 014 CAFETERIA
 015 NURSING ADMINISTRATION
 016 CENTRAL SERVICES & SUPPLY
 017 PHARMACY
 018 MEDICAL RECORDS & LIBRARY
 025 SOCIAL SERVICE
 026 INPAT ROUTINE SRVC CNTRS
 026 ADULTS & PEDIATRICS
 026 01 INTENSIVE CARE UNIT
 031 NICU
 031 SUBPROVIDER
 031 01 SUBPROVIDER II
 033 NURSERY
 034 SKILLED NURSING FACILITY
 035 NURSING FACILITY
 037 ANCILLARY SRVC COST CNTRS
 038 OPERATING ROOM
 039 RECOVERY ROOM
 040 DELIVERY ROOM & LABOR ROO
 041 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 041 01 ULTRA-SOUND
 041 02 CT SCAN
 041 03 MRI
 043 RADIOISOTOPE
 044 LABORATORY
 049 RESPIRATORY THERAPY
 049 01 SLEEP LAB
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 059 ACUPUNCTURE
 059 01 PSYCHIATRIC/PSYCHOLOGICAL
 060 OUTPAT SERVICE COST CNTRS
 061 CLINIC
 062 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 063 RHC
 066 OTHER REIMBURS COST CNTRS
 071 DURABLE MEDICAL EQUIP-REN
 092 HOME HEALTH AGENCY
 093 SPEC PURPOSE COST CENTERS
 095 AMBULATORY SURGICAL CENTE
 096 HOSPICE
 096 SUBTOTALS
 096 NONREIMBURS COST CENTERS
 098 GIFT, FLOWER, COFFEE SHOP
 098 PHYSICIANS' PRIVATE OFFIC
 099 NONPAID WORKERS
 100 OTHER NONREIMBURSABLE COS
 100 01 OTHER NONREIMB - SENIOR C
 100 02 OTHER NONREIMB - MCKINLEY
 100 03 VNA
 100 04 OTHER NONREIMB. - MARKETI
 100 06 OTHER NONREIMB - TRI-LAB
 100 07 OTHER NONREIMB - CONVENT
 100 08 OTHER NONREIMB - UNOCCUPI
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

| COST CENTER DESCRIPTION | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS | RECONCIL- IATION |
|------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|-----------------------|---------------------|
| | (SQUARE FEET | (SQUARE)FEET | (SQUARE)FEET | (SQUARE)FEET | (GROSS SALARIES | |
| | 1 | 2 | 3 | 4 | 5 | 6a.00 |
| 001 GENERAL SERVICE COST | | | | | | |
| 002 OLD CAP REL COSTS-BLD | 632,595 | | | | | |
| 003 OLD CAP REL COSTS-MVB | | 525,244 | | | | |
| 004 NEW CAP REL COSTS-BLD | | | 632,595 | | | |
| 005 NEW CAP REL COSTS-MVB | | | | 525,244 | | |
| 006 EMPLOYEE BENEFITS | 2,285 | 2,285 | 2,285 | 2,285 | 29,329,716 | |
| 008 ADMINISTRATIVE & GENE | 67,676 | 67,676 | 67,676 | 67,676 | 4,115,193 | -13,069,314 |
| 009 OPERATION OF PLANT | 159,426 | 159,426 | 159,426 | 159,426 | 1,011,986 | |
| 010 LAUNDRY & LINEN SERVI | | | | | | |
| 011 HOUSEKEEPING | 9,402 | 9,402 | 9,402 | 9,402 | | |
| 012 DIETARY | 8,360 | 8,360 | 8,360 | 8,360 | | |
| 014 CAFETERIA | 6,190 | 6,190 | 6,190 | 6,190 | | |
| 015 NURSING ADMINISTRATIO | 227 | 227 | 227 | 227 | 1,392,068 | |
| 016 CENTRAL SERVICES & SU | 6,858 | 6,858 | 6,858 | 6,858 | 278,956 | |
| 017 PHARMACY | 4,890 | 4,890 | 4,890 | 4,890 | 1,265,958 | |
| 018 MEDICAL RECORDS & LIB | 19,545 | 19,545 | 19,545 | 19,545 | 612,564 | |
| 018 SOCIAL SERVICE | 294 | 294 | 294 | 294 | | |
| 025 INPAT ROUTINE SRVC CN | | | | | | |
| 026 ADULTS & PEDIATRICS | 71,165 | 71,165 | 71,165 | 71,165 | 6,805,143 | |
| 026 INTENSIVE CARE UNIT | 21,621 | 21,621 | 21,621 | 21,621 | 770,576 | |
| 026 01 NICU | | | | | | |
| 031 SUBPROVIDER | 11,244 | 11,244 | 11,244 | 11,244 | 804,056 | |
| 031 01 SUBPROVIDER II | 7,035 | 7,035 | 7,035 | 7,035 | 410,546 | |
| 033 NURSERY | 892 | 892 | 892 | 892 | 130,252 | |
| 034 SKILLED NURSING FACIL | 7,036 | 7,036 | 7,036 | 7,036 | 492,827 | |
| 035 NURSING FACILITY | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | |
| 038 OPERATING ROOM | 35,846 | 35,846 | 35,846 | 35,846 | 1,760,146 | |
| 038 RECOVERY ROOM | 1,547 | 1,547 | 1,547 | 1,547 | 273,099 | |
| 039 DELIVERY ROOM & LABOR | 6,156 | 6,156 | 6,156 | 6,156 | 353,300 | |
| 040 ANESTHESIOLOGY | 492 | 492 | 492 | 492 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 17,585 | 17,585 | 17,585 | 17,585 | 1,560,124 | |
| 041 01 ULTRA-SOUND | | | | | | |
| 041 02 CT SCAN | | | | | | |
| 041 03 MRI | | | | | | |
| 043 RADIOISOTOPE | | | | | | |
| 044 LABORATORY | 7,522 | 7,522 | 7,522 | 7,522 | 1,241,347 | |
| 049 RESPIRATORY THERAPY | 7,139 | 7,139 | 7,139 | 7,139 | 655,681 | |
| 049 01 SLEEP LAB | | | | | | |
| 050 PHYSICAL THERAPY | 12,905 | 12,905 | 12,905 | 12,905 | 1,060,922 | |
| 051 OCCUPATIONAL THERAPY | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | |
| 053 ELECTROCARDIOLOGY | 4,922 | 4,922 | 4,922 | 4,922 | 787,616 | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | |
| 057 RENAL DIALYSIS | | | | | | |
| 059 ACUPUNCTURE | | | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOG | 12,911 | 12,911 | 12,911 | 12,911 | 265,860 | |
| 060 OUTPAT SERVICE COST C | | | | | | |
| 061 CLINIC | | | | | 1,166,977 | |
| 061 EMERGENCY | 10,077 | 10,077 | 10,077 | 10,077 | 1,202,328 | |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 063 RHC | | | | | | |
| 066 OTHER REIMBURS COST C | | | | | | |
| 071 DURABLE MEDICAL EQUIP | 1,118 | 1,118 | 1,118 | 1,118 | 490,634 | |
| 092 HOME HEALTH AGENCY | | | | | | |
| 093 SPEC PURPOSE COST CEN | | | | | | |
| 095 AMBULATORY SURGICAL C | | | | | | |
| 095 HOSPICE | 1,006 | 1,006 | 1,006 | 1,006 | 277,046 | |
| 095 SUBTOTALS | 523,372 | 523,372 | 523,372 | 523,372 | 29,185,205 | -13,069,314 |
| 096 NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 684 | | 684 | | | |
| 098 PHYSICIANS' PRIVATE O | 84,426 | | 84,426 | | | |
| 099 NONPAID WORKERS | 1,872 | 1,872 | 1,872 | 1,872 | 69,124 | |
| 100 OTHER NONREIMBURSABLE | | | | | | |
| 100 01 OTHER NONREIMB - SENI | | | | | 44,901 | |
| 100 02 OTHER NONREIMB - MCKI | 9,680 | | 9,680 | | | |
| 100 03 VNA | | | | | | |
| 100 04 OTHER NONREIMB. - MAR | | | | | 30,486 | |
| 100 06 OTHER NONREIMB - TRI- | | | | | | |
| 100 07 OTHER NONREIMB - CONV | | | | | | |
| 100 08 OTHER NONREIMB - UNOC | 12,561 | | 12,561 | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | | | 3,764,656 | 3,843,958 | 4,313,238 | |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | | 5.951131 | | .147060 | |
| (WRKSHT B, PT I) | | | | 7.318423 | | |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCIL- IATION |
|--|-----------------|------------------|------------------|------------------|---------------------|---------------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | |
| | (SQUARE FEET | (SQUARE)FEET | (SQUARE)FEET | (SQUARE)FEET | (GROSS SALARIES | |
| 107 COST TO BE ALLOCATED (WRKSH B, PART III | 1 | 2 | 3 | 4 | 5 30,321 | 6a.00 |
| 108 UNIT COST MULTIPLIER (WRKSH B, PT III) | | | | | .001034 | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

| COST CENTER DESCRIPTION | | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|-------------------------|--------------------------------|--------------------------|--------------------|-------------------------|---------------|----------------|-----------|------------------------|
| | | (ACCUM. COST) | (SQUARE FEET) | (POUNDS) | (SQUARE FEET) | (MEALS SERVED) | (FTE'S) | (NURSING SALARIES) |
| | | 6 | 8 | 9 | 10 | 11 | 12 | 14 |
| 001 | GENERAL SERVICE COST | | | | | | | |
| 002 | OLD CAP REL COSTS-BLD | | | | | | | |
| 003 | OLD CAP REL COSTS-MVB | | | | | | | |
| 004 | NEW CAP REL COSTS-BLD | | | | | | | |
| 005 | NEW CAP REL COSTS-MVB | | | | | | | |
| 006 | EMPLOYEE BENEFITS | | | | | | | |
| 008 | ADMINISTRATIVE & GENERAL | 59,550,690 | | | | | | |
| 009 | OPERATION OF PLANT | 6,899,021 | 403,208 | | | | | |
| 010 | LAUNDRY & LINEN SERVICE | 362,203 | | 554,837 | | | | |
| 011 | HOUSEKEEPING | 2,129,813 | 9,402 | | 393,806 | | | |
| 012 | DIETARY | 2,133,382 | 8,360 | | 8,360 | 152,387 | | |
| 014 | CAFETERIA | 82,139 | 6,190 | | 6,190 | | 49,228 | |
| 015 | NURSING ADMINISTRATION | 1,881,068 | 227 | | 227 | | 2,105 | 13,264,789 |
| 016 | CENTRAL SERVICES & SUPPLY | 585,156 | 6,858 | | 6,858 | | 931 | 278,956 |
| 017 | PHARMACY | 1,537,862 | 4,890 | | 4,890 | | 1,862 | |
| 018 | MEDICAL RECORDS & LIBRARY | 1,477,626 | 19,545 | | 19,545 | | 1,934 | |
| 025 | SOCIAL SERVICE | 3,902 | 294 | | 294 | | | |
| 026 | INPAT ROUTINE SERVICE CENTER | | | | | | | |
| 026 | ADULTS & PEDIATRICS | 10,587,539 | 71,165 | 262,692 | 71,165 | 116,724 | 14,511 | 6,805,143 |
| 026 | INTENSIVE CARE UNIT | 1,458,830 | 21,621 | 23,012 | 21,621 | 2,680 | 1,271 | 770,576 |
| 031 | 01 NICU | | | | | | | |
| 031 | SUBPROVIDER | 1,207,318 | 11,244 | 21,332 | 11,244 | 16,333 | 1,682 | |
| 031 | 01 SUBPROVIDER II | 977,113 | 7,035 | 31,686 | 7,035 | 5,175 | 734 | 410,546 |
| 033 | NURSERY | 193,326 | 892 | 9,238 | 892 | | 213 | 130,252 |
| 034 | SKILLED NURSING FACILITY | 912,056 | 7,036 | 24,896 | 7,036 | 10,293 | 1,118 | 492,827 |
| 035 | NURSING FACILITY | | | | | | | |
| 037 | ANCILLARY SERVICE CENTER | | | | | | | |
| 038 | OPERATING ROOM | 3,815,750 | 35,846 | 39,828 | 35,846 | 351 | 2,864 | 1,760,146 |
| 039 | RECOVERY ROOM | 383,274 | 1,547 | | 1,547 | | 409 | 273,099 |
| 040 | DELIVERY ROOM & LABOR | 573,926 | 6,156 | 21,767 | 6,156 | | 606 | 353,300 |
| 041 | ANESTHESIOLOGY | 105,928 | 492 | | 492 | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 3,439,141 | 17,585 | 42,115 | 17,585 | | 3,320 | |
| 041 | 01 ULTRA-SOUND | | | | | | | |
| 041 | 02 CT SCAN | | | | | | | |
| 041 | 03 MRI | | | | | | | |
| 043 | RADIOISOTOPE | | | | | | | |
| 044 | LABORATORY | 2,642,565 | 7,522 | | 7,522 | | 3,128 | |
| 049 | RESPIRATORY THERAPY | 1,027,226 | 7,139 | | 7,139 | | 1,708 | |
| 049 | 01 SLEEP LAB | | | | | | | |
| 050 | PHYSICAL THERAPY | 1,570,058 | 12,905 | 14,285 | 12,905 | | 1,979 | |
| 051 | OCCUPATIONAL THERAPY | | | | | | | |
| 052 | SPEECH PATHOLOGY | | | | | | | |
| 053 | ELECTROCARDIOLOGY | 1,336,569 | 4,922 | | 4,922 | | 1,451 | 787,616 |
| 055 | MEDICAL SUPPLIES CHARGE | 3,517,898 | | | | | | |
| 056 | DRUGS CHARGED TO PATIENT | 1,854,588 | | | | | | |
| 057 | RENAL DIALYSIS | 133,278 | | | | | | |
| 059 | ACUPUNCTURE | | | | | | | |
| 059 | 01 PSYCHIATRIC/PSYCHOLOGIST | 521,177 | 12,911 | | 12,911 | | 589 | |
| 060 | OUTPAT SERVICE CENTER | | | | | | | |
| 061 | CLINIC | 1,678,742 | | | | | 2,359 | |
| 062 | EMERGENCY | 2,382,397 | 10,077 | 54,622 | 10,077 | 831 | 2,408 | 1,202,328 |
| 063 | OBSERVATION BEDS (NON RHC) | | | | | | | |
| 066 | OTHER REIMBURSABLE COST CENTER | | | | | | | |
| 071 | DURABLE MEDICAL EQUIPMENT | 535,055 | 1,118 | | 1,118 | | 876 | |
| 092 | HOME HEALTH AGENCY | | | | | | | |
| 093 | SPEC PURPOSE COST CENTER | | | | | | | |
| 093 | AMBULATORY SURGICAL CENTER | | | | | | | |
| 095 | HOSPICE | 476,359 | 1,006 | | 1,006 | | 667 | |
| 095 | SUBTOTALS | 58,422,285 | 293,985 | 545,473 | 284,583 | 152,387 | 48,725 | 13,264,789 |
| 096 | NONREIMBURSABLE COST CENTER | | | | | | | |
| 098 | GIFT, FLOWER, COFFEE | 4,071 | 684 | | 684 | | | |
| 099 | PHYSICIANS' PRIVATE OFFICE | 511,253 | 84,426 | | 84,426 | | | |
| 100 | NONPAID WORKERS | 127,400 | 1,872 | | 1,872 | | 323 | |
| 100 | OTHER NONREIMBURSABLE | | | | | | | |
| 100 | 01 OTHER NONREIMB - SENIOR | 55,166 | | | | | 100 | |
| 100 | 02 OTHER NONREIMB - MCKI | 57,607 | 9,680 | 9,364 | 9,680 | | | |
| 100 | 03 VNA | | | | | | | |
| 100 | 04 OTHER NONREIMB - MAR | 298,156 | | | | | 80 | |
| 100 | 06 OTHER NONREIMB - TRI | | | | | | | |
| 100 | 07 OTHER NONREIMB - CONV | | | | | | | |
| 100 | 08 OTHER NONREIMB - UNOC | 74,752 | 12,561 | | 12,561 | | | |
| 102 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 103 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED | 13,069,314 | 8,413,115 | 441,694 | 2,793,409 | 2,835,321 | 273,231 | 2,311,926 |
| 104 | (WORKSHEET B, PART I) | | | | | | | |
| 104 | UNIT COST MULTIPLIER | | 20.865447 | | 7.093363 | | 5.550317 | |
| 105 | (WORKSHEET B, PT I) | .219465 | | .796079 | | 18.606056 | | .174290 |
| 105 | COST TO BE ALLOCATED | | | | | | | |
| 106 | (WORKSHEET B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER | | | | | | | |
| 106 | (WORKSHEET B, PT II) | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

| COST CENTER DESCRIPTION | | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMIN ISTRATION |
|----------------------------|---|--------------------------|-----------------------|-----------------------------|------------------|-------------------|---------------|----------------------------|
| | | (ACCUM. COST | (SQUARE)FEET | (POUNDS) | (SQUARE)FEET | (MEALS)SERVED | (FTE'S) | (NURSING)SALARIES) |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III | 6 902,286 | 8 2,221,093 | 9 5,488 | 10 208,823 | 11 193,743 | 12 120,764 | 14 39,487 |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .015152 | 5.508554 | .009891 | .530269 | 1.271388 | 2.453157 | .002977 |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET B-1
 I TO 12/31/2008 I

| COST CENTER DESCRIPTION | CENTRAL SERVI CES & SUPPLY | PHARMACY (COSTED REQS) | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E (PATIENT DAYS) |
|------------------------------|-------------------------------|------------------------------|-------------------------------|---|
| | (COSTED REQS) | (COSTED REQS) | (GROSS CHARGES) | (PATIENT DAYS) |
| | 15 | 16 | 17 | 18 |
| 001 GENERAL SERVICE COST | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | |
| 006 EMPLOYEE BENEFITS | | | | |
| 008 ADMINISTRATIVE & GENE | | | | |
| 009 OPERATION OF PLANT | | | | |
| 010 LAUNDRY & LINEN SERVI | | | | |
| 011 HOUSEKEEPING | | | | |
| 012 DIETARY | | | | |
| 014 CAFETERIA | | | | |
| 015 NURSING ADMINISTRATIO | | | | |
| 016 CENTRAL SERVICES & SU | 6,223,573 | | | |
| 017 PHARMACY | 48,901 | 1,872,205 | | |
| 018 MEDICAL RECORDS & LIB | 25,676 | | 513,942,364 | |
| 025 SOCIAL SERVICE | | | | 52,832 |
| 026 INPAT ROUTINE SRVC CN | | | | |
| 026 ADULTS & PEDIATRICS | 346,991 | | 110,624,578 | 39,371 |
| 026 INTENSIVE CARE UNIT | 65,474 | | 7,549,548 | 1,673 |
| 031 01 NICU | | | | |
| 031 SUBPROVIDER | 15,071 | | 13,550,942 | 5,206 |
| 031 01 SUBPROVIDER II | 29,620 | | 2,863,422 | 1,935 |
| 033 NURSERY | 30,101 | | 1,001,335 | 787 |
| 034 SKILLED NURSING FACIL | 39,949 | | 5,221,094 | 3,860 |
| 035 NURSING FACILITY | | | | |
| 037 ANCILLARY SRVC COST C | | | | |
| 038 OPERATING ROOM | 611,954 | | 58,234,915 | |
| 039 RECOVERY ROOM | 27,485 | | 6,431,649 | |
| 040 DELIVERY ROOM & LABOR | 32,488 | | 2,847,520 | |
| 041 ANESTHESIOLOGY | 79,049 | | 7,687,261 | |
| 041 RADIOLOGY-DIAGNOSTIC | 412,067 | | 51,873,795 | |
| 041 01 ULTRA-SOUND | | | | |
| 041 02 CT SCAN | | | | |
| 041 03 MRI | | | | |
| 043 RADIOISOTOPE | | | | |
| 044 LABORATORY | 354,982 | | 56,364,665 | |
| 049 RESPIRATORY THERAPY | 103,525 | | 21,698,821 | |
| 049 01 SLEEP LAB | | | | |
| 050 PHYSICAL THERAPY | 15,102 | | 14,888,818 | |
| 051 OCCUPATIONAL THERAPY | | | | |
| 052 SPEECH PATHOLOGY | | | | |
| 053 ELECTROCARDIOLOGY | 158,649 | | 38,631,878 | |
| 055 MEDICAL SUPPLIES CHAR | 3,548,179 | | 25,637,414 | |
| 056 DRUGS CHARGED TO PATI | | 1,872,205 | 28,575,845 | |
| 057 RENAL DIALYSIS | 1,256 | | 1,630,992 | |
| 059 ACUPUNCTURE | | | | |
| 059 01 PSYCHIATRIC/PSYCHOLOG | 8,927 | | 2,390,640 | |
| 060 OUTPAT SERVICE COST C | | | | |
| 061 CLINIC | 61,261 | | 2,328,141 | |
| 062 EMERGENCY | 180,079 | | 53,909,091 | |
| 063 OBSERVATION BEDS (NON | | | | |
| 063 RHC | | | | |
| 066 OTHER REIMBURS COST C | | | | |
| 071 DURABLE MEDICAL EQUIP | | | | |
| 092 HOME HEALTH AGENCY | 11,655 | | | |
| 093 SPEC PURPOSE COST CEN | | | | |
| 095 AMBULATORY SURGICAL C | | | | |
| 095 HOSPICE | 7,012 | | | |
| 095 SUBTOTALS | 6,215,453 | 1,872,205 | 513,942,364 | 52,832 |
| 096 NONREIMBURS COST CENT | | | | |
| 098 GIFT, FLOWER, COFFEE | | | | |
| 099 PHYSICIANS' PRIVATE O | 383 | | | |
| 100 NONPAID WORKERS | 7,737 | | | |
| 100 OTHER NONREIMBURSABLE | | | | |
| 100 01 OTHER NONREIMB - SENI | | | | |
| 100 02 OTHER NONREIMB - MCKI | | | | |
| 100 03 VNA | | | | |
| 100 04 OTHER NONREIMB. - MAR | | | | |
| 100 06 OTHER NONREIMB - TRI- | | | | |
| 100 07 OTHER NONREIMB - CONV | | | | |
| 100 08 OTHER NONREIMB - UNOC | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | |
| 102 NEGATIVE COST CENTER | | | | |
| 103 COST TO BE ALLOCATED | 959,104 | 2,029,959 | 2,363,059 | 12,977 |
| (PER WRKSHT B, PART | | | | |
| 104 UNIT COST MULTIPLIER | | 1.084261 | | .245628 |
| (WRKSHT B, PT I) | .154108 | | .004598 | |
| 105 COST TO BE ALLOCATED | | | | |
| (PER WRKSHT B, PART | | | | |
| 106 UNIT COST MULTIPLIER | | | | |
| (WRKSHT B, PT II) | | | | |

COST ALLOCATION - STATISTICAL BASIS

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET B-1 |
| I | | I | TO 12/31/2008 | I | |

| COST CENTER DESCRIPTION | | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E |
|----------------------------|---|-------------------------------|------------------|-------------------------------|--------------------|
| | | (COSTED REQS | (COSTED)REQS | (GROSS) CHARGES | (PATIENT)DAYS |
| 107 | COST TO BE ALLOCATED | 15 144,686 | 16 124,734 | 17 405,746 | 18 5,737 |
| 108 | (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III) | .023248 | .066624 | .000789 | .108589 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | |
| 26 | ADULTS & PEDIATRICS | 19,120,107 | | 19,120,107 | | 19,120,107 |
| 26 | 01 INTENSIVE CARE UNIT | 2,638,245 | | 2,638,245 | | 2,638,245 |
| 31 | 01 NICU | | | | | |
| 31 | SUBPROVIDER | 2,182,771 | | 2,182,771 | | 2,182,771 |
| 31 | 01 SUBPROVIDER II | 1,603,590 | | 1,603,590 | | 1,603,590 |
| 33 | NURSERY | 301,367 | | 301,367 | | 301,367 |
| 34 | SKILLED NURSING FACILITY | 1,643,480 | | 1,643,480 | 7,459 | 1,650,939 |
| 35 | NURSING FACILITY | | | | | |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | |
| 38 | OPERATING ROOM | 6,378,366 | | 6,378,366 | | 6,378,366 |
| 38 | RECOVERY ROOM | 594,318 | | 594,318 | | 594,318 |
| 39 | DELIVERY ROOM & LABOR ROO | 972,366 | | 972,366 | | 972,366 |
| 40 | ANESTHESIOLOGY | 190,459 | | 190,459 | | 190,459 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,039,541 | | 5,039,541 | | 5,039,541 |
| 41 | 01 ULTRA-SOUND | | | | | |
| 41 | 02 CT SCAN | | | | | |
| 41 | 03 MRI | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 3,764,054 | | 3,764,054 | | 3,764,054 |
| 49 | RESPIRATORY THERAPY | 1,577,469 | | 1,577,469 | | 1,577,469 |
| 49 | 01 SLEEP LAB | | | | | |
| 50 | PHYSICAL THERAPY | 2,368,582 | | 2,368,582 | | 2,368,582 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | 2,114,919 | | 2,114,919 | | 2,114,919 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,954,636 | | 4,954,636 | | 4,954,636 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,422,956 | | 4,422,956 | | 4,422,956 |
| 57 | RENAL DIALYSIS | 170,221 | | 170,221 | | 170,221 |
| 59 | ACUPUNCTURE | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 1,012,170 | | 1,012,170 | 5,691 | 1,017,861 |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | CLINIC | 2,080,406 | | 2,080,406 | | 2,080,406 |
| 61 | EMERGENCY | 3,744,481 | | 3,744,481 | | 3,744,481 |
| 62 | OBSERVATION BEDS (NON-DIS | 266,131 | | 266,131 | | 266,131 |
| 63 | RHC | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 101 | SUBTOTAL | 67,140,635 | | 67,140,635 | 13,150 | 67,153,785 |
| 102 | LESS OBSERVATION BEDS | 266,131 | | 266,131 | | 266,131 |
| 103 | TOTAL | 66,874,504 | | 66,874,504 | 13,150 | 66,887,654 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 109,430,196 | | 109,430,196 | | | |
| 26 | INTENSIVE CARE UNIT | 7,549,548 | | 7,549,548 | | | |
| 26 | 01 NICU | | | | | | |
| 31 | SUBPROVIDER | 13,550,942 | | 13,550,942 | | | |
| 31 | 01 SUBPROVIDER II | 2,863,422 | | 2,863,422 | | | |
| 33 | NURSERY | 1,001,335 | | 1,001,335 | | | |
| 34 | SKILLED NURSING FACILITY | 5,221,094 | | 5,221,094 | | | |
| 35 | NURSING FACILITY | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 25,614,268 | 32,620,647 | 58,234,915 | .109528 | .109528 | .109528 |
| 38 | RECOVERY ROOM | 3,193,903 | 3,237,746 | 6,431,649 | .092405 | .092405 | .092405 |
| 39 | DELIVERY ROOM & LABOR ROO | 2,490,875 | 356,645 | 2,847,520 | .341478 | .341478 | .341478 |
| 40 | ANESTHESIOLOGY | 4,468,575 | 3,218,686 | 7,687,261 | .024776 | .024776 | .024776 |
| 41 | RADIOLOGY-DIAGNOSTIC | 14,390,649 | 37,483,146 | 51,873,795 | .097150 | .097150 | .097150 |
| 41 | 01 ULTRA-SOUND | | | | | | |
| 41 | 02 CT SCAN | | | | | | |
| 41 | 03 MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 35,891,096 | 20,473,569 | 56,364,665 | .066780 | .066780 | .066780 |
| 49 | RESPIRATORY THERAPY | 16,557,749 | 5,141,072 | 21,698,821 | .072698 | .072698 | .072698 |
| 49 | 01 SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | 8,590,772 | 6,298,046 | 14,888,818 | .159085 | .159085 | .159085 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 26,371,290 | 12,260,588 | 38,631,878 | .054745 | .054745 | .054745 |
| 55 | MEDICAL SUPPLIES CHARGED | 22,351,891 | 3,285,523 | 25,637,414 | .193258 | .193258 | .193258 |
| 56 | DRUGS CHARGED TO PATIENTS | 25,356,251 | 3,219,594 | 28,575,845 | .154780 | .154780 | .154780 |
| 57 | RENAL DIALYSIS | 1,613,483 | 17,509 | 1,630,992 | .104367 | .104367 | .104367 |
| 59 | ACUPUNCTURE | | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 955,610 | 1,435,030 | 2,390,640 | .423389 | .423389 | .425769 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 2,328,141 | 2,328,141 | .893591 | .893591 | .893591 |
| 61 | EMERGENCY | 19,997,219 | 33,911,872 | 53,909,091 | .069459 | .069459 | .069459 |
| 62 | OBSERVATION BEDS (NON-DIS | 22,288 | 1,172,094 | 1,194,382 | .222819 | .222819 | .222819 |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | SUBTOTAL | 347,482,456 | 166,459,908 | 513,942,364 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 347,482,456 | 166,459,908 | 513,942,364 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET C |
| I | | I | TO 12/31/2008 | I | PART I |

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | |
| 26 | ADULTS & PEDIATRICS | 19,120,107 | | 19,120,107 | | 19,120,107 |
| 26 | INTENSIVE CARE UNIT | 2,638,245 | | 2,638,245 | | 2,638,245 |
| 26 | 01 NICU | | | | | |
| 31 | SUBPROVIDER | 2,182,771 | | 2,182,771 | | 2,182,771 |
| 31 | 01 SUBPROVIDER II | 1,603,590 | | 1,603,590 | | 1,603,590 |
| 33 | NURSERY | 301,367 | | 301,367 | | 301,367 |
| 34 | SKILLED NURSING FACILITY | 1,643,480 | | 1,643,480 | 7,459 | 1,650,939 |
| 35 | NURSING FACILITY | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 6,378,366 | | 6,378,366 | | 6,378,366 |
| 38 | RECOVERY ROOM | 594,318 | | 594,318 | | 594,318 |
| 39 | DELIVERY ROOM & LABOR ROO | 972,366 | | 972,366 | | 972,366 |
| 40 | ANESTHESIOLOGY | 190,459 | | 190,459 | | 190,459 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,039,541 | | 5,039,541 | | 5,039,541 |
| 41 | 01 ULTRA-SOUND | | | | | |
| 41 | 02 CT SCAN | | | | | |
| 41 | 03 MRI | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 3,764,054 | | 3,764,054 | | 3,764,054 |
| 49 | RESPIRATORY THERAPY | 1,577,469 | | 1,577,469 | | 1,577,469 |
| 49 | 01 SLEEP LAB | | | | | |
| 50 | PHYSICAL THERAPY | 2,368,582 | | 2,368,582 | | 2,368,582 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | 2,114,919 | | 2,114,919 | | 2,114,919 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,954,636 | | 4,954,636 | | 4,954,636 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,422,956 | | 4,422,956 | | 4,422,956 |
| 57 | RENAL DIALYSIS | 170,221 | | 170,221 | | 170,221 |
| 59 | ACUPUNCTURE | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 1,012,170 | | 1,012,170 | 5,691 | 1,017,861 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | 2,080,406 | | 2,080,406 | | 2,080,406 |
| 61 | EMERGENCY | 3,744,481 | | 3,744,481 | | 3,744,481 |
| 62 | OBSERVATION BEDS (NON-DIS | 266,131 | | 266,131 | | 266,131 |
| 63 | RHC | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 101 | SUBTOTAL | 67,140,635 | | 67,140,635 | 13,150 | 67,153,785 |
| 102 | LESS OBSERVATION BEDS | 266,131 | | 266,131 | | 266,131 |
| 103 | TOTAL | 66,874,504 | | 66,874,504 | 13,150 | 66,887,654 |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 109,430,196 | | 109,430,196 | | | |
| 26 | INTENSIVE CARE UNIT | 7,549,548 | | 7,549,548 | | | |
| 26 | 01 NICU | | | | | | |
| 31 | SUBPROVIDER | 13,550,942 | | 13,550,942 | | | |
| 31 | 01 SUBPROVIDER II | 2,863,422 | | 2,863,422 | | | |
| 33 | NURSERY | 1,001,335 | | 1,001,335 | | | |
| 34 | SKILLED NURSING FACILITY | 5,221,094 | | 5,221,094 | | | |
| 35 | NURSING FACILITY | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 25,614,268 | 32,620,647 | 58,234,915 | .109528 | .109528 | .109528 |
| 38 | RECOVERY ROOM | 3,193,903 | 3,237,746 | 6,431,649 | .092405 | .092405 | .092405 |
| 39 | DELIVERY ROOM & LABOR ROO | 2,490,875 | 356,645 | 2,847,520 | .341478 | .341478 | .341478 |
| 40 | ANESTHESIOLOGY | 4,468,575 | 3,218,686 | 7,687,261 | .024776 | .024776 | .024776 |
| 41 | RADIOLOGY-DIAGNOSTIC | 14,390,649 | 37,483,146 | 51,873,795 | .097150 | .097150 | .097150 |
| 41 | 01 ULTRA-SOUND | | | | | | |
| 41 | 02 CT SCAN | | | | | | |
| 41 | 03 MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 35,891,096 | 20,473,569 | 56,364,665 | .066780 | .066780 | .066780 |
| 49 | RESPIRATORY THERAPY | 16,557,749 | 5,141,072 | 21,698,821 | .072698 | .072698 | .072698 |
| 49 | 01 SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | 8,590,772 | 6,298,046 | 14,888,818 | .159085 | .159085 | .159085 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 26,371,290 | 12,260,588 | 38,631,878 | .054745 | .054745 | .054745 |
| 55 | MEDICAL SUPPLIES CHARGED | 22,351,891 | 3,285,523 | 25,637,414 | .193258 | .193258 | .193258 |
| 56 | DRUGS CHARGED TO PATIENTS | 25,356,251 | 3,219,594 | 28,575,845 | .154780 | .154780 | .154780 |
| 57 | RENAL DIALYSIS | 1,613,483 | 17,509 | 1,630,992 | .104367 | .104367 | .104367 |
| 59 | ACUPUNCTURE | | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 955,610 | 1,435,030 | 2,390,640 | .423389 | .423389 | .425769 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 2,328,141 | 2,328,141 | .893591 | .893591 | .893591 |
| 61 | EMERGENCY | 19,997,219 | 33,911,872 | 53,909,091 | .069459 | .069459 | .069459 |
| 62 | OBSERVATION BEDS (NON-DIS | 22,288 | 1,172,094 | 1,194,382 | .222819 | .222819 | .222819 |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | SUBTOTAL | 347,482,456 | 166,459,908 | 513,942,364 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 347,482,456 | 166,459,908 | 513,942,364 | | | |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | 6,378,366 | 825,044 | 5,553,322 | | | 6,378,366 |
| 39 | RECOVERY ROOM | 594,318 | 43,489 | 550,829 | | | 594,318 |
| 40 | DELIVERY ROOM & LABOR ROO | 972,366 | 133,679 | 838,687 | | | 972,366 |
| 41 | ANESTHESIOLOGY | 190,459 | 19,008 | 171,451 | | | 190,459 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,039,541 | 452,330 | 4,587,211 | | | 5,039,541 |
| 41 | 01 ULTRA-SOUND | | | | | | |
| 41 | 02 CT SCAN | | | | | | |
| 41 | 03 MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 3,764,054 | 246,959 | 3,517,095 | | | 3,764,054 |
| 49 | RESPIRATORY THERAPY | 1,577,469 | 177,803 | 1,399,666 | | | 1,577,469 |
| 49 | 01 SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | 2,368,582 | 291,155 | 2,077,427 | | | 2,368,582 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 2,114,919 | 156,175 | 1,958,744 | | | 2,114,919 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,954,636 | 156,018 | 4,798,618 | | | 4,954,636 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,422,956 | 175,381 | 4,247,575 | | | 4,422,956 |
| 57 | RENAL DIALYSIS | 170,221 | 3,335 | 166,886 | | | 170,221 |
| 59 | ACUPUNCTURE | | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 1,012,170 | 261,001 | 751,169 | | | 1,012,170 |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | 2,080,406 | 35,691 | 2,044,715 | | | 2,080,406 |
| 61 | EMERGENCY | 3,744,481 | 289,716 | 3,454,765 | | | 3,744,481 |
| 62 | OBSERVATION BEDS (NON-DIS | 266,131 | 25,726 | 240,405 | | | 266,131 |
| 63 | RHC | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | SUBTOTAL | 39,651,075 | 3,292,510 | 36,358,565 | | | 39,651,075 |
| 102 | LESS OBSERVATION BEDS | 266,131 | 25,726 | 240,405 | | | 266,131 |
| 103 | TOTAL | 39,384,944 | 3,266,784 | 36,118,160 | | | 39,384,944 |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I TO 12/31/2008 I PART II

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|------------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 58,234,915 | .109528 | .109528 |
| 38 | RECOVERY ROOM | 6,431,649 | .092405 | .092405 |
| 39 | DELIVERY ROOM & LABOR ROO | 2,847,520 | .341478 | .341478 |
| 40 | ANESTHESIOLOGY | 7,687,261 | .024776 | .024776 |
| 41 | RADIOLOGY-DIAGNOSTIC | 51,873,795 | .097150 | .097150 |
| 41 | 01 ULTRA-SOUND | | | |
| 41 | 02 CT SCAN | | | |
| 41 | 03 MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | 56,364,665 | .066780 | .066780 |
| 49 | RESPIRATORY THERAPY | 21,698,821 | .072698 | .072698 |
| 49 | 01 SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | 14,888,818 | .159085 | .159085 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | 38,631,878 | .054745 | .054745 |
| 55 | MEDICAL SUPPLIES CHARGED | 25,637,414 | .193258 | .193258 |
| 56 | DRUGS CHARGED TO PATIENTS | 28,575,845 | .154780 | .154780 |
| 57 | RENAL DIALYSIS | 1,630,992 | .104367 | .104367 |
| 59 | ACUPUNCTURE | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 2,390,640 | .423389 | .423389 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | 2,328,141 | .893591 | .893591 |
| 61 | EMERGENCY | 53,909,091 | .069459 | .069459 |
| 62 | OBSERVATION BEDS (NON-DIS | 1,194,382 | .222819 | .222819 |
| 63 | RHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | |
| 101 | SUBTOTAL | 374,325,827 | | |
| 102 | LESS OBSERVATION BEDS | 1,194,382 | | |
| 103 | TOTAL | 373,131,445 | | |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I TO 12/31/2008 I PART II

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|----------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | 6,378,366 | 825,044 | 5,553,322 | 82,504 | 322,093 | 5,973,769 |
| 39 | RECOVERY ROOM | 594,318 | 43,489 | 550,829 | 4,349 | 31,948 | 558,021 |
| 40 | DELIVERY ROOM & LABOR ROO | 972,366 | 133,679 | 838,687 | 13,368 | 48,644 | 910,354 |
| 41 | ANESTHESIOLOGY | 190,459 | 19,008 | 171,451 | 1,901 | 9,944 | 178,614 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,039,541 | 452,330 | 4,587,211 | 45,233 | 266,058 | 4,728,250 |
| 41 | 01 ULTRA-SOUND | | | | | | |
| 41 | 02 CT SCAN | | | | | | |
| 41 | 03 MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 3,764,054 | 246,959 | 3,517,095 | 24,696 | 203,992 | 3,535,366 |
| 49 | RESPIRATORY THERAPY | 1,577,469 | 177,803 | 1,399,666 | 17,780 | 81,181 | 1,478,508 |
| 49 | 01 SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | 2,368,582 | 291,155 | 2,077,427 | 29,116 | 120,491 | 2,218,975 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 2,114,919 | 156,175 | 1,958,744 | 15,618 | 113,607 | 1,985,694 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,954,636 | 156,018 | 4,798,618 | 15,602 | 278,320 | 4,660,714 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,422,956 | 175,381 | 4,247,575 | 17,538 | 246,359 | 4,159,059 |
| 57 | RENAL DIALYSIS | 170,221 | 3,335 | 166,886 | 334 | 9,679 | 160,208 |
| 59 | ACUPUNCTURE | | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 1,012,170 | 261,001 | 751,169 | 26,100 | 43,568 | 942,502 |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | 2,080,406 | 35,691 | 2,044,715 | 3,569 | 118,593 | 1,958,244 |
| 62 | EMERGENCY | 3,744,481 | 289,716 | 3,454,765 | 28,972 | 200,376 | 3,515,133 |
| 63 | OBSERVATION BEDS (NON-DIS RHC | 266,131 | 25,726 | 240,405 | 2,573 | 13,943 | 249,615 |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 102 | SUBTOTAL | 39,651,075 | 3,292,510 | 36,358,565 | 329,253 | 2,108,796 | 37,213,026 |
| 103 | LESS OBSERVATION BEDS | 266,131 | 25,726 | 240,405 | 2,573 | 13,943 | 249,615 |
| 103 | TOTAL | 39,384,944 | 3,266,784 | 36,118,160 | 326,680 | 2,094,853 | 36,963,411 |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES 7 | OUTPAT COST TO CHRG RATIO 8 | I/P PT B COST TO CHRG RATIO 9 |
|--------------------|------------------------------|-----------------------|-----------------------------------|-------------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | 58,234,915 | .102581 | .108111 |
| 39 | RECOVERY ROOM | 6,431,649 | .086762 | .091729 |
| 40 | DELIVERY ROOM & LABOR ROO | 2,847,520 | .319701 | .336784 |
| 41 | ANESTHESIOLOGY | 7,687,261 | .023235 | .024529 |
| 41 | RADIOLOGY-DIAGNOSTIC | 51,873,795 | .091149 | .096278 |
| 41 | 01 ULTRA-SOUND | | | |
| 41 | 02 CT SCAN | | | |
| 41 | 03 MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | 56,364,665 | .062723 | .066342 |
| 49 | RESPIRATORY THERAPY | 21,698,821 | .068138 | .071879 |
| 49 | 01 SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | 14,888,818 | .149036 | .157129 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | 38,631,878 | .051400 | .054341 |
| 55 | MEDICAL SUPPLIES CHARGED | 25,637,414 | .181793 | .192649 |
| 56 | DRUGS CHARGED TO PATIENTS | 28,575,845 | .145545 | .154166 |
| 57 | RENAL DIALYSIS | 1,630,992 | .098227 | .104162 |
| 59 | ACUPUNCTURE | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | 2,390,640 | .394247 | .412471 |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | 2,328,141 | .841119 | .892058 |
| 62 | EMERGENCY | 53,909,091 | .065205 | .068922 |
| 62 | OBSERVATION BEDS (NON-DIS | 1,194,382 | .208991 | .220665 |
| 63 | RHC | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | |
| 102 | SUBTOTAL | 374,325,827 | | |
| 102 | LESS OBSERVATION BEDS | 1,194,382 | | |
| 103 | TOTAL | 373,131,445 | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

| WKST A | COST CENTER DESCRIPTION | CAPITAL REL | OLD CAPITAL | REDUCED CAP | CAPITAL REL | NEW CAPITAL | REDUCED CAP |
|----------|--------------------------|--------------|-------------|--------------|---------------|-------------|--------------|
| LINE NO. | | COST (B, II) | SWING BED | RELATED COST | COST (B, III) | SWING BED | RELATED COST |
| | | 1 | ADJUSTMENT | 3 | 4 | ADJUSTMENT | 6 |
| | | | 2 | | | 5 | |
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 26 | ADULTS & PEDIATRICS | | | | 1,848,238 | | 1,848,238 |
| 26 | 01 INTENSIVE CARE UNIT | | | | 457,075 | | 457,075 |
| 31 | NICU | | | | | | |
| 31 | SUBPROVIDER | | | | 272,937 | | 272,937 |
| 31 | 01 SUBPROVIDER II | | | | 164,137 | | 164,137 |
| 33 | NURSERY | | | | 22,864 | | 22,864 |
| 101 | TOTAL | | | | 2,765,251 | | 2,765,251 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|--------------------------|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | 39,802 | 11,319 | | | | |
| 26 | ADULTS & PEDIATRICS | 1,673 | 758 | | | 46.44 | 525,654 |
| 26 | 01 INTENSIVE CARE UNIT | | | | | 273.21 | 207,093 |
| 31 | 01 NICU | | | | | | |
| 31 | SUBPROVIDER | 5,206 | 3,305 | | | 52.43 | 173,281 |
| 31 | 01 SUBPROVIDER II | 1,935 | 1,144 | | | 84.83 | 97,046 |
| 33 | NURSERY | 787 | | | | 29.05 | |
| 101 | TOTAL | 49,403 | 16,526 | | | | 1,003,074 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-0125 I

PPS

| TITLE XVIII, PART A | | HOSPITAL | | | | | |
|---------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | 825,044 | 58,234,915 | 10,207,989 | | |
| 38 | RECOVERY ROOM | | 43,489 | 6,431,649 | 1,058,181 | | |
| 39 | DELIVERY ROOM & LABOR ROO | | 133,679 | 2,847,520 | 1,233 | | |
| 40 | ANESTHESIOLOGY | | 19,008 | 7,687,261 | 1,658,535 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 452,330 | 51,873,795 | 6,657,263 | | |
| 41 | 01 ULTRA-SOUND | | | | | | |
| 41 | 02 CT SCAN | | | | | | |
| 41 | 03 MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | 246,959 | 56,364,665 | 13,847,156 | | |
| 49 | RESPIRATORY THERAPY | | 177,803 | 21,698,821 | 7,473,281 | | |
| 49 | 01 SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | 291,155 | 14,888,818 | 1,173,014 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | 156,175 | 38,631,878 | 12,094,311 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 156,018 | 25,637,414 | 11,213,895 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 175,381 | 28,575,845 | 8,780,442 | | |
| 57 | RENAL DIALYSIS | | 3,335 | 1,630,992 | 917,855 | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL | | 261,001 | 2,390,640 | 87,432 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 35,691 | 2,328,141 | | | |
| 61 | EMERGENCY | | 289,716 | 53,909,091 | 7,482,223 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 25,726 | 1,194,382 | 19,552 | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | 3,292,510 | 374,325,827 | 82,672,362 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-0125 | I | | I | |

PPS

| TITLE XVIII, PART A | | HOSPITAL | |
|---------------------|---------------------------|----------------|---------|
| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL | |
| LINE NO. | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | .014168 | 144,627 |
| 38 | RECOVERY ROOM | .006762 | 7,155 |
| 39 | DELIVERY ROOM & LABOR ROO | .046946 | 58 |
| 40 | ANESTHESIOLOGY | .002473 | 4,102 |
| 41 | RADIOLOGY-DIAGNOSTIC | .008720 | 58,051 |
| 41 01 | ULTRA-SOUND | | |
| 41 02 | CT SCAN | | |
| 41 03 | MRI | | |
| 43 | RADIOISOTOPE | | |
| 44 | LABORATORY | .004381 | 60,664 |
| 49 | RESPIRATORY THERAPY | .008194 | 61,236 |
| 49 01 | SLEEP LAB | | |
| 50 | PHYSICAL THERAPY | .019555 | 22,938 |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | .004043 | 48,897 |
| 55 | MEDICAL SUPPLIES CHARGED | .006086 | 68,248 |
| 56 | DRUGS CHARGED TO PATIENTS | .006137 | 53,886 |
| 57 | RENAL DIALYSIS | .002045 | 1,877 |
| 59 | ACUPUNCTURE | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | .109176 | 9,545 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | .015330 | |
| 61 | EMERGENCY | .005374 | 40,209 |
| 62 | OBSERVATION BEDS (NON-DIS | .021539 | 421 |
| 63 | RHC | | |
| | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | |
| 101 | TOTAL | | 581,914 |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III
PPS

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|--------------------------|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 26 | ADULTS & PEDIATRICS | | | | | 39,802 | |
| 26 | INTENSIVE CARE UNIT | | | | | 1,673 | |
| 26 | 01 NICU | | | | | | |
| 31 | SUBPROVIDER | | | | | 5,206 | |
| 31 | 01 SUBPROVIDER II | | | | | 1,935 | |
| 33 | NURSERY | | | | | 787 | |
| 34 | SKILLED NURSING FACILITY | | | | | 3,860 | |
| 35 | NURSING FACILITY | | | | | | |
| 101 | TOTAL | | | | | 53,263 | |

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

| WKST A | COST CENTER DESCRIPTION | INPATIENT | INPAT PROGRAM |
|----------|--------------------------|-----------|----------------|
| LINE NO. | | PROG DAYS | PASS THRU COST |
| | | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | 11,319 | |
| 26 | INTENSIVE CARE UNIT | 758 | |
| 26 01 | NICU | | |
| 31 | SUBPROVIDER | 3,305 | |
| 31 01 | SUBPROVIDER II | 1,144 | |
| 33 | NURSERY | | |
| 34 | SKILLED NURSING FACILITY | 2,395 | |
| 35 | NURSING FACILITY | | |
| 101 | TOTAL | 18,921 | |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-0125 I I

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

| TITLE XVIII, PART A | | HOSPITAL | | PPS | | | | |
|---------------------|---------------------------|----------|---------------|-------------|---------------|----------------|------------|----------------|
| WKST A | COST CENTER DESCRIPTION | TOTAL | O/P PASS THRU | TOTAL | RATIO OF COST | O/P RATIO OF | INPAT PROG | INPAT PROG |
| LINE NO. | | COSTS | COSTS | CHARGES | TO CHARGES | CST TO CHARGES | CHARGE | PASS THRU COST |
| | | 3 | 3.01 | 4 | 5 | 5.01 | 6 | 7 |
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | | | 58,234,915 | | | 10,207,989 | |
| 38 | RECOVERY ROOM | | | 6,431,649 | | | 1,058,181 | |
| 39 | DELIVERY ROOM & LABOR ROO | | | 2,847,520 | | | 1,233 | |
| 40 | ANESTHESIOLOGY | | | 7,687,261 | | | 1,658,535 | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 51,873,795 | | | 6,657,263 | |
| 41 01 | ULTRA-SOUND | | | | | | | |
| 41 02 | CT SCAN | | | | | | | |
| 41 03 | MRI | | | | | | | |
| 43 | RADIOISOTOPE | | | | | | | |
| 44 | LABORATORY | | | 56,364,665 | | | 13,847,156 | |
| 49 | RESPIRATORY THERAPY | | | 21,698,821 | | | 7,473,281 | |
| 49 01 | SLEEP LAB | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 14,888,818 | | | 1,173,014 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | 38,631,878 | | | 12,094,311 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 25,637,414 | | | 11,213,895 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 28,575,845 | | | 8,780,442 | |
| 57 | RENAL DIALYSIS | | | 1,630,992 | | | 917,855 | |
| 59 | ACUPUNCTURE | | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | 2,390,640 | | | 87,432 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 2,328,141 | | | | |
| 61 | EMERGENCY | | | 53,909,091 | | | 7,482,223 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 1,194,382 | | | 19,552 | |
| 63 | RHC | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 101 | TOTAL | | | 374,325,827 | | | 82,672,362 | |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D,V COL 5.03 8.01 | OUTPAT PROG D,V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|---------------------------|-----------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 6,588,141 | | | | | |
| 38 | RECOVERY ROOM | 398,706 | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 1,603 | | | | | |
| 40 | ANESTHESIOLOGY | 441,493 | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,251,405 | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 123,193 | | | | | |
| 49 | RESPIRATORY THERAPY | 1,132,383 | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | 1,717 | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 3,938,731 | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 832,300 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 807,454 | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | 101,411 | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 4,884,332 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 102,384 | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | 26,605,253 | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D |
| I COMPONENT NO: | I TO 12/31/2008 | I PART V |
| I 14-0125 | I | I |

TITLE XVIII, PART B

HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|--|---|--|--|-------------------------|-----------------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .109528 | .109528 | | | |
| 38 RECOVERY ROOM | .092405 | .092405 | | | |
| 39 DELIVERY ROOM & LABOR ROOM | .341478 | .341478 | | | |
| 40 ANESTHESIOLOGY | .024776 | .024776 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .097150 | .097150 | | | |
| 41 01 ULTRA-SOUND | | | | | |
| 41 02 CT SCAN | | | | | |
| 41 03 MRI | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | .066780 | .066780 | | | |
| 49 RESPIRATORY THERAPY | .072698 | .072698 | | | |
| 49 01 SLEEP LAB | | | | | |
| 50 PHYSICAL THERAPY | .159085 | .159085 | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | .054745 | .054745 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .193258 | .193258 | | | |
| 56 DRUGS CHARGED TO PATIENTS | .154780 | .154780 | | | |
| 57 RENAL DIALYSIS | .104367 | .104367 | | | |
| 59 ACUPUNCTURE | | | | | |
| 59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | .423389 | .423389 | | | |
| OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | .893591 | .893591 | | | |
| 61 EMERGENCY | .069459 | .069459 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .222819 | .222819 | | | |
| 63 RHC | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART V |
| I | 14-0125 | I | | I | |

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31Non-PPS
ServicesPPS Services
1/1 to FYEOutpatient
Ambulatory
Surgical Ctr

| Cost Center Description | 5 | 5.01 | 5.02 | 5.03 | 6 |
|--|---|------------|-------|------|---|
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | 6,588,141 | | | |
| 38 RECOVERY ROOM | | 398,706 | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | 1,603 | | | |
| 40 ANESTHESIOLOGY | | 441,493 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 7,251,405 | | | |
| 41 01 ULTRA-SOUND | | | | | |
| 41 02 CT SCAN | | | | | |
| 41 03 MRI | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | | 123,193 | | | |
| 49 RESPIRATORY THERAPY | | 1,132,383 | 980 | | |
| 49 01 SLEEP LAB | | | | | |
| 50 PHYSICAL THERAPY | | 1,717 | 557 | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | 3,938,731 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 832,300 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 807,454 | | | |
| 57 RENAL DIALYSIS | | | | | |
| 59 ACUPUNCTURE | | | | | |
| 59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | | 101,411 | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 CLINIC | | | | | |
| 61 EMERGENCY | | 4,884,332 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 102,384 | | | |
| 63 RHC | | | | | |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 101 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 101 SUBTOTAL | | 26,605,253 | 1,537 | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| 103 PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | 26,605,253 | 1,537 | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART V |
| I | 14-0125 | I | | I | |

TITLE XVIII, PART B

HOSPITAL

| | Outpatient Radiology | Other Outpatient Diagnostic | All other | PPS Services FYB to 12/31 | Non-PPS Services |
|--|-------------------------|-----------------------------------|-----------|------------------------------|---------------------|
| Cost Center Description | 7 | 8 | 9 | 9.01 | 9.02 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | | | 721,586 | |
| 38 RECOVERY ROOM | | | | 36,842 | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | 547 | |
| 40 ANESTHESIOLOGY | | | | 10,938 | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | 704,474 | |
| 41 01 ULTRA-SOUND | | | | | |
| 41 02 CT SCAN | | | | | |
| 41 03 MRI | | | | | |
| 43 RADIOISOTOPE | | | | 8,227 | |
| 44 LABORATORY | | | | | |
| 49 RESPIRATORY THERAPY | | | | 82,322 | 71 |
| 49 01 SLEEP LAB | | | | | |
| 50 PHYSICAL THERAPY | | | | 273 | 89 |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | | | 215,626 | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 160,849 | |
| 56 DRUGS CHARGED TO PATIENTS | | | | 124,978 | |
| 57 RENAL DIALYSIS | | | | | |
| 59 ACUPUNCTURE | | | | | |
| 59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | | | | 42,936 | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 CLINIC | | | | | |
| 61 EMERGENCY | | | | 339,261 | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | | | 22,813 | |
| 63 RHC | | | | | |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 101 SUBTOTAL | | | | 2,471,672 | 160 |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | 2,471,672 | 160 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART V |
| I | 14-0125 | I | | I | |

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYEHospital I/P
Part B ChargesHospital I/P
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM
 38 RECOVERY ROOM
 39 DELIVERY ROOM & LABOR ROOM
 40 ANESTHESIOLOGY
 41 RADIOLOGY-DIAGNOSTIC
 41 01 ULTRA-SOUND
 41 02 CT SCAN
 41 03 MRI
 43 RADIOISOTOPE
 44 LABORATORY
 49 RESPIRATORY THERAPY
 49 01 SLEEP LAB
 50 PHYSICAL THERAPY
 51 OCCUPATIONAL THERAPY
 52 SPEECH PATHOLOGY
 53 ELECTROCARDIOLOGY
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
 56 DRUGS CHARGED TO PATIENTS
 57 RENAL DIALYSIS
 59 ACUPUNCTURE
 59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
 60 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 61 EMERGENCY
 62 OBSERVATION BEDS (NON-DISTINCT PART)
 63 RHC
 66 OTHER REIMBURS COST CNTRS
 66 DURABLE MEDICAL EQUIP-RENTED
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
 104 NET CHARGES

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D |
| I COMPONENT NO: | I TO 12/31/2008 | I PART II |
| I 14-S125 | I | I |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | 825,044 | 58,234,915 | 13,932 | | |
| 39 | RECOVERY ROOM | | 43,489 | 6,431,649 | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | 133,679 | 2,847,520 | | | |
| 41 | ANESTHESIOLOGY | | 19,008 | 7,687,261 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 452,330 | 51,873,795 | 145,424 | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | 246,959 | 56,364,665 | 702,954 | | |
| 49 | RESPIRATORY THERAPY | | 177,803 | 21,698,821 | 40,471 | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | 291,155 | 14,888,818 | 27,106 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | 156,175 | 38,631,878 | 108,718 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 156,018 | 25,637,414 | 44,599 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 175,381 | 28,575,845 | 944,009 | | |
| 57 | RENAL DIALYSIS | | 3,335 | 1,630,992 | 17,139 | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | 261,001 | 2,390,640 | 78,507 | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | | 35,691 | 2,328,141 | | | |
| 62 | EMERGENCY | | 289,716 | 53,909,091 | 655,189 | | |
| 63 | OBSERVATION BEDS (NON-DIS | | 25,726 | 1,194,382 | | | |
| 63 | RHC | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | 3,292,510 | 374,325,827 | 2,778,048 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-S125 | I | | I | |

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL | |
|----------|---------------------------|----------------|--------|
| LINE NO. | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | .014168 | 197 |
| 38 | RECOVERY ROOM | .006762 | |
| 39 | DELIVERY ROOM & LABOR ROO | .046946 | |
| 40 | ANESTHESIOLOGY | .002473 | |
| 41 | RADIOLOGY-DIAGNOSTIC | .008720 | 1,268 |
| 41 01 | ULTRA-SOUND | | |
| 41 02 | CT SCAN | | |
| 41 03 | MRI | | |
| 43 | RADIOISOTOPE | | |
| 44 | LABORATORY | .004381 | 3,080 |
| 49 | RESPIRATORY THERAPY | .008194 | 332 |
| 49 01 | SLEEP LAB | | |
| 50 | PHYSICAL THERAPY | .019555 | 530 |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | .004043 | 440 |
| 55 | MEDICAL SUPPLIES CHARGED | .006086 | 271 |
| 56 | DRUGS CHARGED TO PATIENTS | .006137 | 5,793 |
| 57 | RENAL DIALYSIS | .002045 | 35 |
| 59 | ACUPUNCTURE | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | .109176 | 8,571 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | .015330 | |
| 61 | EMERGENCY | .005374 | 3,521 |
| 62 | OBSERVATION BEDS (NON-DIS | .021539 | |
| 63 | RHC | | |
| | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | |
| 101 | TOTAL | | 24,038 |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-S125 I

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | 1.01 | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | ANCILLARY SRVC COST CNTRS | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | | | 58,234,915 | | | 13,932 | |
| 38 | RECOVERY ROOM | | | 6,431,649 | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | 2,847,520 | | | | |
| 40 | ANESTHESIOLOGY | | | 7,687,261 | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 51,873,795 | | | 145,424 | |
| 41 01 | ULTRA-SOUND | | | | | | | |
| 41 02 | CT SCAN | | | | | | | |
| 41 03 | MRI | | | | | | | |
| 43 | RADIOISOTOPE | | | | | | | |
| 44 | LABORATORY | | | 56,364,665 | | | 702,954 | |
| 49 | RESPIRATORY THERAPY | | | 21,698,821 | | | 40,471 | |
| 49 01 | SLEEP LAB | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 14,888,818 | | | 27,106 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | 38,631,878 | | | 108,718 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 25,637,414 | | | 44,599 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 28,575,845 | | | 944,009 | |
| 57 | RENAL DIALYSIS | | | 1,630,992 | | | 17,139 | |
| 59 | ACUPUNCTURE | | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | 2,390,640 | | | 78,507 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 2,328,141 | | | | |
| 61 | EMERGENCY | | | 53,909,091 | | | 655,189 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 1,194,382 | | | | |
| 63 | RHC | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 101 | TOTAL | | | 374,325,827 | | | 2,778,048 | |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-S125 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A | COST CENTER DESCRIPTION | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | COL 8.01 | COL 8.02 |
|----------|---------------------------|-------------|--------------|--------------|----------------|----------|----------|
| LINE NO. | | CHARGES | D,V COL 5.03 | D,V COL 5.04 | PASS THRU COST | * COL 5 | * COL 5 |
| | | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-T125 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | 825,044 | 58,234,915 | 84,887 | | |
| 38 | RECOVERY ROOM | | 43,489 | 6,431,649 | 15,862 | | |
| 39 | DELIVERY ROOM & LABOR ROO | | 133,679 | 2,847,520 | | | |
| 40 | ANESTHESIOLOGY | | 19,008 | 7,687,261 | 17,280 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 452,330 | 51,873,795 | 84,013 | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | 246,959 | 56,364,665 | 464,153 | | |
| 49 | RESPIRATORY THERAPY | | 177,803 | 21,698,821 | 256,293 | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | 291,155 | 14,888,818 | 1,991,778 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | 156,175 | 38,631,878 | 81,929 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 156,018 | 25,637,414 | 200,207 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 175,381 | 28,575,845 | 585,263 | | |
| 57 | RENAL DIALYSIS | | 3,335 | 1,630,992 | 335,636 | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | 261,001 | 2,390,640 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 35,691 | 2,328,141 | | | |
| 61 | EMERGENCY | | 289,716 | 53,909,091 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 25,726 | 1,194,382 | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | 3,292,510 | 374,325,827 | 4,117,301 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-T125 | I | | I | |

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL | |
|----------|---------------------------|----------------|--------|
| LINE NO. | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | .014168 | 1,203 |
| 38 | RECOVERY ROOM | .006762 | 107 |
| 39 | DELIVERY ROOM & LABOR ROO | .046946 | |
| 40 | ANESTHESIOLOGY | .002473 | 43 |
| 41 | RADIOLOGY-DIAGNOSTIC | .008720 | 733 |
| 41 01 | ULTRA-SOUND | | |
| 41 02 | CT SCAN | | |
| 41 03 | MRI | | |
| 43 | RADIOISOTOPE | | |
| 44 | LABORATORY | .004381 | 2,033 |
| 49 | RESPIRATORY THERAPY | .008194 | 2,100 |
| 49 01 | SLEEP LAB | | |
| 50 | PHYSICAL THERAPY | .019555 | 38,949 |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | .004043 | 331 |
| 55 | MEDICAL SUPPLIES CHARGED | .006086 | 1,218 |
| 56 | DRUGS CHARGED TO PATIENTS | .006137 | 3,592 |
| 57 | RENAL DIALYSIS | .002045 | 686 |
| 59 | ACUPUNCTURE | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | .109176 | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | .015330 | |
| 61 | EMERGENCY | .005374 | |
| 62 | OBSERVATION BEDS (NON-DIS | .021539 | |
| 63 | RHC | | |
| | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | |
| 101 | TOTAL | | 50,995 |

SUBPROVIDER 2

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | 1.01 | MED ED NRS SCHOOL COST 2 | MED ED ALLIED HEALTH COST 2.01 | MED ED ALL OTHER COSTS 2.02 | BLOOD CLOT FOR HEMOPHILIACS 2.03 |
|--------------------|---------------------------|----------------------------------|------|--------------------------------|--------------------------------------|-----------------------------------|--|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 38 | OPERATING ROOM | | | 58,234,915 | | | 84,887 | |
| 39 | RECOVERY ROOM | | | 6,431,649 | | | 15,862 | |
| 40 | DELIVERY ROOM & LABOR ROO | | | 2,847,520 | | | | |
| 41 | ANESTHESIOLOGY | | | 7,687,261 | | | 17,280 | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 51,873,795 | | | 84,013 | |
| 41 01 | ULTRA-SOUND | | | | | | | |
| 41 02 | CT SCAN | | | | | | | |
| 41 03 | MRI | | | | | | | |
| 43 | RADIOISOTOPE | | | | | | | |
| 44 | LABORATORY | | | 56,364,665 | | | 464,153 | |
| 49 | RESPIRATORY THERAPY | | | 21,698,821 | | | 256,293 | |
| 49 01 | SLEEP LAB | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 14,888,818 | | | 1,991,778 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | 38,631,878 | | | 81,929 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 25,637,414 | | | 200,207 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 28,575,845 | | | 585,263 | |
| 57 | RENAL DIALYSIS | | | 1,630,992 | | | 335,636 | |
| 59 | ACUPUNCTURE | | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | 2,390,640 | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | CLINIC | | | 2,328,141 | | | | |
| 62 | EMERGENCY | | | 53,909,091 | | | | |
| 63 | OBSERVATION BEDS (NON-DIS | | | 1,194,382 | | | | |
| 63 | RHC | | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 101 | TOTAL | | | 374,325,827 | | | 4,117,301 | |

TITLE XVIII, PART A

SUBPROVIDER 2

| WKST A | COST CENTER DESCRIPTION | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | COL 8.01 | COL 8.02 |
|----------|---------------------------|-------------|--------------|--------------|----------------|----------|----------|
| LINE NO. | | CHARGES | D,V COL 5.03 | D,V COL 5.04 | PASS THRU COST | * COL 5 | * COL 5 |
| | | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D |
| I COMPONENT NO: | I TO 12/31/2008 | I PART II |
| I 14-5562 | I | I |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | OLD CAPITAL | NEW CAPITAL | TOTAL | INPAT PROGRAM | OLD CAPITAL |
|----------|---------------------------|--------------|--------------|---------|---------------|----------------|
| LINE NO. | | RELATED COST | RELATED COST | CHARGES | CHARGES | CST/CHRG RATIO |
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | | | 6 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | | | | | |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 41 01 | ULTRA-SOUND | | | | | |
| 41 02 | CT SCAN | | | | | |
| 41 03 | MRI | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | |
| 49 01 | SLEEP LAB | | | | | |
| 50 | PHYSICAL THERAPY | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | |
| 57 | RENAL DIALYSIS | | | | | |
| 59 | ACUPUNCTURE | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | |
| 63 | RHC | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 101 | TOTAL | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-5562 | I | | I | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL |
|----------|---------------------------|-------------|
| LINE NO. | | |
| | CST/CHRG | RATIO |
| | 7 | 8 |
| | ANCILLARY SRVC COST CNTRS | |
| 37 | OPERATING ROOM | |
| 38 | RECOVERY ROOM | |
| 39 | DELIVERY ROOM & LABOR ROO | |
| 40 | ANESTHESIOLOGY | |
| 41 | RADIOLOGY-DIAGNOSTIC | |
| 41 01 | ULTRA-SOUND | |
| 41 02 | CT SCAN | |
| 41 03 | MRI | |
| 43 | RADIOISOTOPE | |
| 44 | LABORATORY | |
| 49 | RESPIRATORY THERAPY | |
| 49 01 | SLEEP LAB | |
| 50 | PHYSICAL THERAPY | |
| 51 | OCCUPATIONAL THERAPY | |
| 52 | SPEECH PATHOLOGY | |
| 53 | ELECTROCARDIOLOGY | |
| 55 | MEDICAL SUPPLIES CHARGED | |
| 56 | DRUGS CHARGED TO PATIENTS | |
| 57 | RENAL DIALYSIS | |
| 59 | ACUPUNCTURE | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | |
| | OUTPAT SERVICE COST CNTRS | |
| 60 | CLINIC | |
| 61 | EMERGENCY | |
| 62 | OBSERVATION BEDS (NON-DIS | |
| 63 | RHC | |
| | OTHER REIMBURS COST CNTRS | |
| 66 | DURABLE MEDICAL EQUIP-REN | |
| 101 | TOTAL | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | | | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | | | | | | |
| 62 | EMERGENCY | | | | | | |
| 63 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| | TOTAL | | | | | | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P CST 5.01 | RATIO OF TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|-----------------------------------|-----------------------|----------------------------------|--------------------|--------------------------------|---------------------------|-----------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | | |
| 37 | OPERATING ROOM | | | 58,234,915 | | | | | |
| 38 | RECOVERY ROOM | | | 6,431,649 | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | 2,847,520 | | | | | |
| 40 | ANESTHESIOLOGY | | | 7,687,261 | | | | | 707 |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 51,873,795 | | | | | 73,669 |
| 41 01 | ULTRA-SOUND | | | | | | | | |
| 41 02 | CT SCAN | | | | | | | | |
| 41 03 | MRI | | | | | | | | |
| 43 | RADIOISOTOPE | | | | | | | | |
| 44 | LABORATORY | | | 56,364,665 | | | | | 597,776 |
| 49 | RESPIRATORY THERAPY | | | 21,698,821 | | | | | 1,010,074 |
| 49 01 | SLEEP LAB | | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 14,888,818 | | | | | 1,800,104 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | 38,631,878 | | | | | 55,685 |
| 55 | MEDICAL SUPPLIES CHARGED | | | 25,637,414 | | | | | 649,432 |
| 56 | DRUGS CHARGED TO PATIENTS | | | 28,575,845 | | | | | 1,030,230 |
| 57 | RENAL DIALYSIS | | | 1,630,992 | | | | | |
| 59 | ACUPUNCTURE | | | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | 2,390,640 | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | | |
| 60 | CLINIC | | | 2,328,141 | | | | | |
| 61 | EMERGENCY | | | 53,909,091 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 1,194,382 | | | | | |
| 63 | RHC | | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | | |
| 101 | TOTAL | | | 374,325,827 | | | | | 5,217,677 |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | COL 8.01 | COL 8.02 |
|----------|---------------------------|-------------|--------------|--------------|----------------|----------|----------|
| LINE NO. | | CHARGES | D,V COL 5.03 | D,V COL 5.04 | PASS THRU COST | * COL 5 | * COL 5 |
| | | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA-SOUND | | | | | | |
| 41 02 | CT SCAN | | | | | | |
| 41 03 | MRI | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | SLEEP LAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | ACUPUNCTURE | | | | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | RHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-1 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART I |
| I | 14-0125 | I | | I | |

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|--------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 39,802 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 39,802 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,735 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 38,067 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 11,319 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|------------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 19,120,107 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 19,120,107 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-------------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 110,434,839 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 5,022,525 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 105,412,314 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .173135 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | 2,894.83 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 2,769.13 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 125.70 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 21.76 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 37,754 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 19,082,353 |

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-1 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-0125 | I | | I | |

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|-----------|
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 480.38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 5,437,421 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 5,437,421 |

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|-------|--|------------------------|--------------------------|----------------------|----------------------|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | |
| | INTENSIVE CARE TYPE INPATIENT | | | | |
| | HOSPITAL UNITS | | | | |
| 43 | INTENSIVE CARE UNIT | 2,638,245 | 1,673 | 1,576.95 | 758 |
| 43.01 | NICU | | | | |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | |
| | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | 8,404,123 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | 15,036,872 |

PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|------------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 732,747 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 581,914 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 1,314,661 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 13,722,211 |

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-1 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART III |
| I | 14-0125 | I | | I | |

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|---------|
| 83 | TOTAL OBSERVATION BED DAYS | 554 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 480.38 |
| 85 | OBSERVATION BED COST | 266,131 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|--------------------------------------|-----------|-----------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 OLD CAPITAL-RELATED COST | | 19,120,107 | | 266,131 | |
| 87 NEW CAPITAL-RELATED COST | 1,848,238 | 19,120,107 | .096665 | 266,131 | 25,726 |
| 88 NON PHYSICIAN ANESTHETIST | | 19,120,107 | | 266,131 | |
| 89 MEDICAL EDUCATION | | 19,120,107 | | 266,131 | |
| 89.01 MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 MEDICAL EDUCATION - ALL OTHER | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART I |
| I 14-S125 | I | I |

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 5,206 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 5,206 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 5,206 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,305 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 2,182,771 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 2,182,771 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|------------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 13,550,942 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 13,550,942 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .161079 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 2,602.95 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 2,182,771 |

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-1 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-S125 | I | | I | |

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|-----------|
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 419.28 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,385,720 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,385,720 |

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|-------|--|------------------------|--------------------------|----------------------|----------------------|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | |
| | INTENSIVE CARE TYPE INPATIENT | | | | |
| | HOSPITAL UNITS | | | | |
| 43 | INTENSIVE CARE UNIT | | | | |
| 43.01 | NICU | | | | |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | |
| | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | 311,260 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | 1,696,980 |

PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|-----------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 173,281 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 24,038 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 197,319 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 1,499,661 |

TARGET AMOUNT AND LIMIT COMPUTATION

| | |
|-------|---|
| 54 | PROGRAM DISCHARGES |
| 55 | TARGET AMOUNT PER DISCHARGE |
| 56 | TARGET AMOUNT |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT |
| 58 | BONUS PAYMENT |
| 58.01 | LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET |
| 58.02 | LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET |
| 58.03 | IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. |
| 58.04 | RELIEF PAYMENT |
| 59 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT |
| 59.01 | ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY) |
| 59.02 | PROGRAM DISCHARGES PRIOR TO JULY 1 |
| 59.03 | PROGRAM DISCHARGES AFTER JULY 1 |
| 59.04 | PROGRAM DISCHARGES (SEE INSTRUCTIONS) |
| 59.05 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.06 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.07 | REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.08 | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) |

PROGRAM INPATIENT ROUTINE SWING BED COST

| | |
|----|--|
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART III |
| I 14-S125 | I | I |

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|--------|
| 83 | TOTAL OBSERVATION BED DAYS | |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 419.28 |
| 85 | OBSERVATION BED COST | |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|--------------------------------------|---------|-----------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 OLD CAPITAL-RELATED COST | | 2,182,771 | | | |
| 87 NEW CAPITAL-RELATED COST | 272,937 | 2,182,771 | .125042 | | |
| 88 NON PHYSICIAN ANESTHETIST | | 2,182,771 | | | |
| 89 MEDICAL EDUCATION | | 2,182,771 | | | |
| 89.01 MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 MEDICAL EDUCATION - ALL OTHER | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART I |
| I 14-T125 | I | I |

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 1,935 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,935 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 294 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,641 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,144 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,603,590 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,603,590 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 2,863,422 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 612,631 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2,250,791 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .560026 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | 2,083.78 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,371.60 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 712.18 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 398.84 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 117,259 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,486,331 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART II |
| I 14-T125 | I | I |

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|---------|
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 828.73 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 948,067 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 948,067 |

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|-------|--|------------------------|--------------------------|----------------------|----------------------|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | |
| | INTENSIVE CARE TYPE INPATIENT | | | | |
| | HOSPITAL UNITS | | | | |
| 43 | INTENSIVE CARE UNIT | | | | |
| 43.01 | NICU | | | | |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | |
| | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | 554,637 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | 1,502,704 |

PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|-----------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 97,046 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 50,995 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 148,041 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 1,354,663 |

TARGET AMOUNT AND LIMIT COMPUTATION

| | |
|-------|---|
| 54 | PROGRAM DISCHARGES |
| 55 | TARGET AMOUNT PER DISCHARGE |
| 56 | TARGET AMOUNT |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT |
| 58 | BONUS PAYMENT |
| 58.01 | LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET |
| 58.02 | LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET |
| 58.03 | IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. |
| 58.04 | RELIEF PAYMENT |
| 59 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT |
| 59.01 | ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY) |
| 59.02 | PROGRAM DISCHARGES PRIOR TO JULY 1 |
| 59.03 | PROGRAM DISCHARGES AFTER JULY 1 |
| 59.04 | PROGRAM DISCHARGES (SEE INSTRUCTIONS) |
| 59.05 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.06 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.07 | REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.08 | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) |

PROGRAM INPATIENT ROUTINE SWING BED COST

| | |
|----|--|
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART III |
| I 14-T125 | I | I |

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 828.73
85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|--------------------------------------|---------|-----------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 OLD CAPITAL-RELATED COST | | 1,603,590 | | | |
| 87 NEW CAPITAL-RELATED COST | 164,137 | 1,603,590 | .102356 | | |
| 88 NON PHYSICIAN ANESTHETIST | | 1,603,590 | | | |
| 89 MEDICAL EDUCATION | | 1,603,590 | | | |
| 89.01 MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 MEDICAL EDUCATION - ALL OTHER | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART I |
| I 14-5562 | I | I |

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 3,860 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,860 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 753 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3,107 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,395 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,650,939 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,650,939 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 5,221,094 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 1,479,265 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,741,829 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .316206 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | 1,964.50 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,204.32 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 760.18 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 240.37 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 180,999 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,469,940 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET D-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART III |
| I 14-5562 | I | I |

TITLE XVIII PART A

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

| | | |
|----|---|----------------|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 1,469,940 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 380.81 |
| 68 | PROGRAM ROUTINE SERVICE COST | 912,040 |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 912,040 |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | 173,191 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | 44.87 |
| 73 | PROGRAM CAPITAL-RELATED COSTS | 107,464 |
| 74 | INPATIENT ROUTINE SERVICE COST | 804,576 |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | 804,576 |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | 912,040 |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | 694,909 |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | 1,606,949 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | |
|----|--|
| 83 | TOTAL OBSERVATION BED DAYS |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM |
| 85 | OBSERVATION BED COST |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | | | | |
| 87 | NEW CAPITAL-RELATED COST | | | | |
| 88 | NON PHYSICIAN ANESTHETIST | | | | |
| 89 | MEDICAL EDUCATION | | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-0125 I

PPS

| WKST A LINE NO. | TITLE XVIII, PART A COST CENTER DESCRIPTION | HOSPITAL RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|--|---|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | |
| 26 | ADULTS & PEDIATRICS | | 31,400,003 | |
| 26 | INTENSIVE CARE UNIT | | 3,403,007 | |
| 31 | 01 NICU | | | |
| 31 | SUBPROVIDER | | | |
| 31 | 01 SUBPROVIDER II | | | |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | .109528 | 10,207,989 | 1,118,061 |
| 39 | RECOVERY ROOM | .092405 | 1,058,181 | 97,781 |
| 40 | DELIVERY ROOM & LABOR ROOM | .341478 | 1,233 | 421 |
| 41 | ANESTHESIOLOGY | .024776 | 1,658,535 | 41,092 |
| 41 | RADIOLOGY-DIAGNOSTIC | .097150 | 6,657,263 | 646,753 |
| 41 | 01 ULTRA-SOUND | | | |
| 41 | 02 CT SCAN | | | |
| 41 | 03 MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .066780 | 13,847,156 | 924,713 |
| 49 | RESPIRATORY THERAPY | .072698 | 7,473,281 | 543,293 |
| 49 | 01 SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | .159085 | 1,173,014 | 186,609 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .054745 | 12,094,311 | 662,103 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .193258 | 11,213,895 | 2,167,175 |
| 56 | DRUGS CHARGED TO PATIENTS | .154780 | 8,780,442 | 1,359,037 |
| 57 | RENAL DIALYSIS | .104367 | 917,855 | 95,794 |
| 59 | ACUPUNCTURE | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | .425769 | 87,432 | 37,226 |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | .893591 | | |
| 62 | EMERGENCY | .069459 | 7,482,223 | 519,708 |
| 63 | OBSERVATION BEDS (NON-DISTINCT PART) | .222819 | 19,552 | 4,357 |
| 63 | RHC | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | |
| 101 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 102 | TOTAL | | 82,672,362 | 8,404,123 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - | | | |
| 103 | PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 82,672,362 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-4 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | |
| I | 14-S125 | I | | I | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A | COST CENTER DESCRIPTION | RATIO COST | INPATIENT | INPATIENT |
|----------|---------------------------------------|------------|-----------|-----------|
| LINE NO. | | TO CHARGES | CHARGES | COST |
| | | 1 | 2 | 3 |
| 25 | INPAT ROUTINE SRVC CNTRS | | | |
| 26 | ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| 26 01 | NICU | | | |
| 31 | SUBPROVIDER | | 8,581,376 | |
| 31 01 | SUBPROVIDER II | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .109528 | 13,932 | 1,526 |
| 38 | RECOVERY ROOM | .092405 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | .341478 | | |
| 40 | ANESTHESIOLOGY | .024776 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .097150 | 145,424 | 14,128 |
| 41 01 | ULTRA-SOUND | | | |
| 41 02 | CT SCAN | | | |
| 41 03 | MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .066780 | 702,954 | 46,943 |
| 49 | RESPIRATORY THERAPY | .072698 | 40,471 | 2,942 |
| 49 01 | SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | .159085 | 27,106 | 4,312 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .054745 | 108,718 | 5,952 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .193258 | 44,599 | 8,619 |
| 56 | DRUGS CHARGED TO PATIENTS | .154780 | 944,009 | 146,114 |
| 57 | RENAL DIALYSIS | .104367 | 17,139 | 1,789 |
| 59 | ACUPUNCTURE | | | |
| 59 01 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES | .425769 | 78,507 | 33,426 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .893591 | | |
| 61 | EMERGENCY | .069459 | 655,189 | 45,509 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .222819 | | |
| 63 | RHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 101 | TOTAL | | 2,778,048 | 311,260 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - | | | |
| | PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 2,778,048 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-4 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | |
| I | 14-T125 | I | | I | |

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---------------------------------------|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | |
| 26 | ADULTS & PEDIATRICS | | | |
| 26 | 01 INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| 31 | 01 SUBPROVIDER II | | 2,064,363 | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .109528 | 84,887 | 9,298 |
| 38 | RECOVERY ROOM | .092405 | 15,862 | 1,466 |
| 39 | DELIVERY ROOM & LABOR ROOM | .341478 | | |
| 40 | ANESTHESIOLOGY | .024776 | 17,280 | 428 |
| 41 | RADIOLOGY-DIAGNOSTIC | .097150 | 84,013 | 8,162 |
| 41 | 01 ULTRA-SOUND | | | |
| 41 | 02 CT SCAN | | | |
| 41 | 03 MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .066780 | 464,153 | 30,996 |
| 49 | RESPIRATORY THERAPY | .072698 | 256,293 | 18,632 |
| 49 | 01 SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | .159085 | 1,991,778 | 316,862 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .054745 | 81,929 | 4,485 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .193258 | 200,207 | 38,692 |
| 56 | DRUGS CHARGED TO PATIENTS | .154780 | 585,263 | 90,587 |
| 57 | RENAL DIALYSIS | .104367 | 335,636 | 35,029 |
| 59 | ACUPUNCTURE | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | .425769 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .893591 | | |
| 61 | EMERGENCY | .069459 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .222819 | | |
| 63 | RHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 101 | TOTAL | | 4,117,301 | 554,637 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - | | | |
| | PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 4,117,301 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET D-4 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | |
| I | 14-5562 | I | | I | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---------------------------------------|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | |
| 26 | ADULTS & PEDIATRICS | | | |
| 26 | 01 INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| 31 | 01 SUBPROVIDER II | | | |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | .109528 | | |
| 39 | RECOVERY ROOM | .092405 | | |
| 40 | DELIVERY ROOM & LABOR ROOM | .341478 | | |
| 41 | ANESTHESIOLOGY | .024776 | 707 | 18 |
| 41 | RADIOLOGY-DIAGNOSTIC | .097150 | 73,669 | 7,157 |
| 41 | 01 ULTRA-SOUND | | | |
| 41 | 02 CT SCAN | | | |
| 41 | 03 MRI | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .066780 | 597,776 | 39,919 |
| 49 | RESPIRATORY THERAPY | .072698 | 1,010,074 | 73,430 |
| 49 | 01 SLEEP LAB | | | |
| 50 | PHYSICAL THERAPY | .159085 | 1,800,104 | 286,370 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .054745 | 55,685 | 3,048 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .193258 | 649,432 | 125,508 |
| 56 | DRUGS CHARGED TO PATIENTS | .154780 | 1,030,230 | 159,459 |
| 57 | RENAL DIALYSIS | .104367 | | |
| 59 | ACUPUNCTURE | | | |
| 59 | 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | .423389 | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | .893591 | | |
| 61 | EMERGENCY | .069459 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .222819 | | |
| 63 | RHC | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | |
| 101 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 102 | TOTAL | | 5,217,677 | 694,909 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - | | | |
| 103 | PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 5,217,677 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (12/2008)

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E |
| I COMPONENT NO: | I TO 12/31/2008 | I PART A |
| I 14-0125 | I | I |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

| | |
|--|--|
| DRG AMOUNT | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 | 9,868,501 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 3,012,980 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 | |
| MANAGED CARE PATIENTS | |
| 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST | |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | |
| 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 | |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) | |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | |
| 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | |
| 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97 | |
| 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) | 28,552 |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD | 275.50 |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I | |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. | |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | |
| | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 |
| | E-3 PT 6 LN 15 PLUS LN 3.06 |
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) | |
| 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | |
| 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | |
| 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | |
| | SUM OF LINES PLUS E-3, PT |
| | 3.21 - 3.23 VI, LINE 23 |
| 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). | |
| DISPROPORTIONATE SHARE ADJUSTMENT | |
| 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | 12.23 |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I | 40.67 |
| 4.02 SUM OF LINES 4 AND 4.01 | 52.90 |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) | 32.86 |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | 4,232,855 |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | |
| 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685.(SEE INSTRUCTIONS) | |
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGs 652 AND 682 - 685. (SEE INSTRUCTIONS) | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (12/2008)

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E |
| I COMPONENT NO: | I TO 12/31/2008 | I PART A |
| I 14-0125 | I | I |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

| | | |
|-------|---|------------|
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU) | |
| 5.06 | TOTAL ADDITIONAL PAYMENT | |
| 6 | SUBTOTAL (SEE INSTRUCTIONS) | 17,142,888 |
| 7 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 17,142,888 |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1,209,941 |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 11.02 | SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | |
| 12 | NET ORGAN ACQUISITION COST | |
| 13 | COST OF TEACHING PHYSICIANS | |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | |
| 16 | TOTAL | 18,352,829 |
| 17 | PRIMARY PAYER PAYMENTS | 76,665 |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 18,276,164 |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1,651,136 |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 109,504 |
| 21 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 634,701 |
| 21.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 444,291 |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 529,749 |
| 22 | SUBTOTAL | 16,959,815 |
| 23 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 24 | OTHER ADJUSTMENTS (SPECIFY) | |
| 24.98 | CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | |
| 24.99 | OUTLIER RECONCILIATION ADJUSTMENT | |
| 25 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 26 | AMOUNT DUE PROVIDER | 16,959,815 |
| 27 | SEQUESTRATION ADJUSTMENT | |
| 28 | INTERIM PAYMENTS | 16,849,989 |
| 28.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 29 | BALANCE DUE PROVIDER (PROGRAM) | 109,826 |
| 30 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | 194,956 |

----- FI ONLY -----

| | |
|----|--|
| 50 | OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 |
| 51 | CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 |
| 52 | OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 53 | CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 54 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY |
| 55 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) |
| 56 | CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E |
| I COMPONENT NO: | I TO 12/31/2008 | I PART B |
| I 14-0125 | I | I |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|--|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 160 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 2,471,672 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | 2,368,224 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 160 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 1,537 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 1,537 |
| CUSTOMARY CHARGES | | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). | |
| 13 | RATIO OF LINE 11 TO LINE 12 | |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 1,537 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 1,377 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 160 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 2,368,224 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 266 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 704,413 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 1,663,705 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 1,663,705 |
| 24 | PRIMARY PAYER PAYMENTS | 9,854 |
| 25 | SUBTOTAL | 1,653,851 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 242,693 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 169,885 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 200,780 |
| 28 | SUBTOTAL | 1,823,736 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 1,823,736 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 1,777,491 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 46,245 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-0125 I I

TITLE XVIII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

| | | | |
|--|-----|------------|-----------|
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | | |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| ADJUSTMENTS TO PROVIDER | .01 | | |
| ADJUSTMENTS TO PROVIDER | .02 | | |
| ADJUSTMENTS TO PROVIDER | .03 | | |
| ADJUSTMENTS TO PROVIDER | .04 | | |
| ADJUSTMENTS TO PROVIDER | .05 | | |
| ADJUSTMENTS TO PROGRAM | .50 | | |
| ADJUSTMENTS TO PROGRAM | .51 | | |
| ADJUSTMENTS TO PROGRAM | .52 | | |
| ADJUSTMENTS TO PROGRAM | .53 | | |
| ADJUSTMENTS TO PROGRAM | .54 | | |
| SUBTOTAL | .99 | NONE | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 16,849,989 | 1,777,491 |
| TO BE COMPLETED BY INTERMEDIARY | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| TENTATIVE TO PROVIDER | .01 | | |
| TENTATIVE TO PROVIDER | .02 | | |
| TENTATIVE TO PROVIDER | .03 | | |
| TENTATIVE TO PROGRAM | .50 | | |
| TENTATIVE TO PROGRAM | .51 | | |
| TENTATIVE TO PROGRAM | .52 | | |
| SUBTOTAL | .99 | NONE | NONE |
| 6 DETERMINED NET SETTLEMENT | | | |
| AMOUNT (BALANCE DUE) | .01 | 109,826 | 46,245 |
| BASED ON COST REPORT (1) | .02 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 16,959,815 | 1,823,736 |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-S125 I

TITLE XVIII

SUBPROVIDER 1

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 2,025,542 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | | .01 | | |
| ADJUSTMENTS TO PROVIDER | | .02 | | |
| ADJUSTMENTS TO PROVIDER | | .03 | | |
| ADJUSTMENTS TO PROVIDER | | .04 | | |
| ADJUSTMENTS TO PROVIDER | | .05 | | |
| ADJUSTMENTS TO PROGRAM | | .50 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | 2,025,542 | | NONE |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER | | .01 | | |
| TENTATIVE TO PROVIDER | | .02 | | |
| TENTATIVE TO PROVIDER | | .03 | | |
| TENTATIVE TO PROGRAM | | .50 | | |
| TENTATIVE TO PROGRAM | | .51 | | |
| TENTATIVE TO PROGRAM | | .52 | | |
| SUBTOTAL | | .99 | | |
| 6 DETERMINED NET SETTLEMENT | | 74,771 | | NONE |
| AMOUNT (BALANCE DUE) | | | | |
| BASED ON COST REPORT (1) | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 2,100,313 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I |
| I 14-T125 | I | I |

TITLE XVIII

SUBPROVIDER 2

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,217,298 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | | .01 | | |
| ADJUSTMENTS TO PROVIDER | | .02 | | |
| ADJUSTMENTS TO PROVIDER | | .03 | | |
| ADJUSTMENTS TO PROVIDER | | .04 | | |
| ADJUSTMENTS TO PROVIDER | | .05 | | |
| ADJUSTMENTS TO PROGRAM | | .50 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | NONE | | NONE |
| | | 1,217,298 | | |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER | | .01 | | |
| TENTATIVE TO PROVIDER | | .02 | | |
| TENTATIVE TO PROVIDER | | .03 | | |
| TENTATIVE TO PROGRAM | | .50 | | |
| TENTATIVE TO PROGRAM | | .51 | | |
| TENTATIVE TO PROGRAM | | .52 | | |
| SUBTOTAL | | .99 | | |
| 6 DETERMINED NET SETTLEMENT | | NONE | | NONE |
| AMOUNT (BALANCE DUE) | | 31,460 | | |
| BASED ON COST REPORT (1) | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,248,758 | | |

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E-1 |
| I COMPONENT NO: | I TO 12/31/2008 | I |
| I 14-5562 | I | I |

TITLE XVIII

SNF

DESCRIPTION

| INPATIENT-PART A | | P A R T B | |
|------------------|--------|------------|--------|
| MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| 1 | 2 | 3 | 4 |

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER

2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.

3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

| | | | |
|-------------------------|-----|--|--|
| ADJUSTMENTS TO PROVIDER | .01 | | |
| ADJUSTMENTS TO PROVIDER | .02 | | |
| ADJUSTMENTS TO PROVIDER | .03 | | |
| ADJUSTMENTS TO PROVIDER | .04 | | |
| ADJUSTMENTS TO PROVIDER | .05 | | |
| ADJUSTMENTS TO PROGRAM | .50 | | |
| ADJUSTMENTS TO PROGRAM | .51 | | |
| ADJUSTMENTS TO PROGRAM | .52 | | |
| ADJUSTMENTS TO PROGRAM | .53 | | |
| ADJUSTMENTS TO PROGRAM | .54 | | |
| | .99 | | |

809,145
NONE

NONE

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

NONE
809,145

NONE

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

| | |
|-----------------------|-----|
| TENTATIVE TO PROVIDER | .01 |
| TENTATIVE TO PROVIDER | .02 |
| TENTATIVE TO PROVIDER | .03 |
| TENTATIVE TO PROGRAM | .50 |
| TENTATIVE TO PROGRAM | .51 |
| TENTATIVE TO PROGRAM | .52 |
| TENTATIVE TO PROGRAM | .99 |

NONE
926

NONE

SUBTOTAL

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)

7 TOTAL MEDICARE PROGRAM LIABILITY

810,071

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E-3 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART I |
| I 14-S125 | I | I |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

| | | |
|-------|--|-----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | |
| 1.05 | OUTLIER PAYMENTS | |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | |
| | INPATIENT PSYCHIATRIC FACILITY (IPF) | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) | 2,247,598 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | |
| 1.10 | NET IPF PPS ECT PAYMENTS | |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 14.224044 |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$. | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | 2,247,598 |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | |
| 1.22 | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) | |
| 1.23 | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) | 2,247,598 |
| | INPATIENT REHABILITATION FACILITY (IRF) | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$. | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | 2,247,598 |
| 5 | PRIMARY PAYER PAYMENTS | 6,632 |
| 6 | SUBTOTAL | 2,240,966 |
| 7 | DEDUCTIBLES | 171,904 |
| 8 | SUBTOTAL | 2,069,062 |
| 9 | COINSURANCE | 43,520 |
| 10 | SUBTOTAL | 2,025,542 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | 106,816 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 74,771 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 91,586 |
| 12 | SUBTOTAL | 2,100,313 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET E-3 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART I |
| I | 14-S125 | I | | I | |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

| | | |
|-------|---|-----------|
| 17 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 2,100,313 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 2,025,542 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 74,771 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | |
| | IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

----- FI ONLY -----

| | |
|----|---|
| 50 | ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF). |
| 51 | ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 52 | ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS). |
| 53 | ENTER THE TIME VALUE OF MONEY. |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E-3 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART I |
| I 14-T125 | I | I |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

| | | |
|-------|--|-----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | 1,010,409 |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | .0654 |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | 115,909 |
| 1.05 | OUTLIER PAYMENTS | 140,773 |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | 1,267,091 |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | |
| | INPATIENT PSYCHIATRIC FACILITY (IPF) | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) | |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | |
| 1.10 | NET IPF PPS ECT PAYMENTS | |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$. | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | |
| 1.22 | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) | |
| 1.23 | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) | |
| | INPATIENT REHABILITATION FACILITY (IRF) | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 5.286885 |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / 1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$. | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | 1,267,091 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | SUBTOTAL | 1,267,091 |
| 7 | DEDUCTIBLES | 4,096 |
| 8 | SUBTOTAL | 1,262,995 |
| 9 | COINSURANCE | 17,920 |
| 10 | SUBTOTAL | 1,245,075 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | 5,261 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 3,683 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 25 |
| 12 | SUBTOTAL | 1,248,758 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

| | | | | | |
|---|---------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET E-3 |
| I | COMPONENT NO: | I | TO 12/31/2008 | I | PART I |
| I | 14-T125 | I | | I | |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

| | | |
|-------|---|-----------|
| 17 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 18 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 1,248,758 |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 1,217,298 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 31,460 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | |
| | IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

----- FI ONLY -----

| | |
|----|---|
| 50 | ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) |
| | OR 1.09 (IPF). |
| 51 | ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 52 | ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE |
| | OF MONEY. (SEE INSTRUCTIONS). |
| 53 | ENTER THE TIME VALUE OF MONEY. |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET E-3 |
| I COMPONENT NO: | I TO 12/31/2008 | I PART III |
| I 14-5562 | I | I |

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

| | TITLE XVIII SNF | PPS TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|-------|--|-------------------------------------|-----------------------------|
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | |
| 3 | MEDICAL AND OTHER SERVICES | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | |
| 7 | SUBTOTAL | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | |
| 10 | SUBTOTAL | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 11 | ROUTINE SERVICE CHARGES | | |
| 12 | ANCILLARY SERVICE CHARGES | | |
| 13 | INTERNS AND RESIDENTS SERVICE CHARGES | | |
| 14 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | |
| 15 | TEACHING PHYSICIANS | | |
| 16 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | |
| 17 | TOTAL REASONABLE CHARGES | | |
| | CUSTOMARY CHARGES | | |
| 18 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | |
| 19 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 20 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | |
| 21 | FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT | | |
| 22 | BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | |
| 23 | RATIO OF LINE 17 TO LINE 18 | | |
| 24 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | |
| 25 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | |
| 26 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 27 | COST OF COVERED SERVICES | | |
| 28 | PROSPECTIVE PAYMENT AMOUNT | | |
| 29 | OTHER THAN OUTLIER PAYMENTS | | 860,345 |
| 30 | OUTLIER PAYMENTS | | |
| 31 | PROGRAM CAPITAL PAYMENTS | | |
| 32 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | |
| 33 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 34 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 35 | SUBTOTAL | | 860,345 |
| 36 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | |
| 37 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE | | 860,345 |
| 38 | XVIII ENTER AMOUNT FROM LINE 30 | | |
| 39 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | |
| 40 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 41 | EXCESS OF REASONABLE COST | | |
| 42 | SUBTOTAL | | 860,345 |
| 43 | COINSURANCE | | 51,200 |
| 44 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | |
| 45 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | 926 |
| 46.01 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING | | |
| 47 | BEFORE 10/01/05 (SEE INSTRUCTIONS) | | |
| 48.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | 926 |
| 49.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING | | 926 |
| 50 | ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | |
| 51 | UTILIZATION REVIEW | | |
| 52 | SUBTOTAL (SEE INSTRUCTIONS) | | 810,071 |
| 53 | INPATIENT ROUTINE SERVICE COST | | |
| 54 | MEDICARE INPATIENT ROUTINE CHARGES | | |
| 55 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | |
| 56 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 57 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | |
| 58 | FOR PAYMENT OF PART A SERVICES | | |
| 59 | RATIO OF LINE 43 TO 44 | | |
| 60 | TOTAL CUSTOMARY CHARGES | | |
| 61 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | |
| 62 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 63 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER | | |
| 64 | TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 65 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 66 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | | |
| 67 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 68 | SUBTOTAL | | 810,071 |
| 69 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | |
| 70 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | |
| 71 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | 810,071 |
| 72 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 73 | INTERIM PAYMENTS | | 809,145 |
| 74.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 75 | BALANCE DUE PROVIDER/PROGRAM | | 926 |
| 76 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET E-3
I COMPONENT NO: I TO 12/31/2008 I PART III
I 14-5562 I I

BALANCE SHEET

I
I
I

PROVIDER NO:

14-0125

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED

6/ 1/2009

WORKSHEET G

| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|----------------|--|-----------------|-----------------------------|-------------------|---------------|
| ASSETS | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | -1,009,925 | | | |
| 2 | TEMPORARY INVESTMENTS | | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 19,650,761 | | | |
| 5 | OTHER RECEIVABLES | | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -2,051,983 | | | |
| 7 | INVENTORY | 2,182,480 | | | |
| 8 | PREPAID EXPENSES | 484,124 | | | |
| 9 | OTHER CURRENT ASSETS | 677,474 | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 19,932,931 | | | |
| FIXED ASSETS | | | | | |
| 12 | LAND | 2,712,052 | | | |
| 12.01 | | | | | |
| 13 | LAND IMPROVEMENTS | 1,538,629 | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | -610,142 | | | |
| 14 | BUILDINGS | 20,537,113 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -4,316,587 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | 9,991,780 | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | -1,904,022 | | | |
| 16 | FIXED EQUIPMENT | 2,038,896 | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | -441,625 | | | |
| 17 | AUTOMOBILES AND TRUCKS | 45,160 | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | -24,209 | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | 10,781,852 | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | -5,433,596 | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | 3,732,983 | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | -2,399,592 | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 36,248,692 | | | |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 6,475,386 | | | |
| 26 | TOTAL OTHER ASSETS | 6,475,386 | | | |
| 27 | TOTAL ASSETS | 62,657,009 | | | |

BALANCE SHEET

| | | | |
|----------------|------------------|------------|-------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED | 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I | |
| I | I TO 12/31/2008 | I | WORKSHEET G |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| | 1 | 2 | 3 | 4 |
| LIABILITIES AND FUND BALANCE | | | | |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 5,554,019 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 2,473,049 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 56,206 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | -8,683,534 | | | |
| 35 OTHER CURRENT LIABILITIES | 987,826 | | | |
| 36 TOTAL CURRENT LIABILITIES | 387,566 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 143,139 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 143,139 | | | |
| 43 TOTAL LIABILITIES | 530,705 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 62,126,304 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 62,126,304 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 62,657,009 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET G-1 |
| I | | I | TO 12/31/2008 | I | |

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|--|--------------|------------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING | | 52,177,154 | | |
| 2 | OF PERIOD | | | | |
| 3 | NET INCOME (LOSS) | | 13,433,963 | | |
| 4 | TOTAL | | 65,611,117 | | |
| 5 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 6 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 65,611,117 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | PURCHASE ACCOUNTING ADJUS | | 3,484,813 | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 3,484,813 | | |
| 19 | FUND BALANCE AT END OF | | 62,126,304 | | |
| | PERIOD PER BALANCE SHEET | | | | |

| | | ENDOWMENT FUND | | PLANT FUND | |
|----|--|----------------|---|------------|---|
| | | 5 | 6 | 7 | 8 |
| 1 | FUND BALANCE AT BEGINNING | | | | |
| 2 | OF PERIOD | | | | |
| 3 | NET INCOME (LOSS) | | | | |
| 4 | TOTAL | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 6 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | PURCHASE ACCOUNTING ADJUS | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF | | | | |
| | PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET G-2 |
| I | I TO 12/31/2008 | I PARTS I & II |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 110,434,839 | | 110,434,839 |
| 2 00 SUBPROVIDER | 13,550,942 | | 13,550,942 |
| 2 01 SUBPROVIDER II | 2,863,422 | | 2,863,422 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 5,221,094 | | 5,221,094 |
| 7 00 NURSING FACILITY | | | |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 132,070,297 | | 132,070,297 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | 7,549,548 | | 7,549,548 |
| 10 01 NICU | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | 7,549,548 | | 7,549,548 |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 139,619,845 | | 139,619,845 |
| 17 00 ANCILLARY SERVICES | 187,843,458 | 129,050,755 | 316,894,213 |
| 18 00 OUTPATIENT SERVICES | 20,019,507 | 37,412,107 | 57,431,614 |
| 19 00 HOME HEALTH AGENCY | | 1,339,247 | 1,339,247 |
| 22 00 AMBULATORY SURGICAL CENTER (D.P.) | | | |
| 23 00 HOSPICE | | 1,126,064 | 1,126,064 |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 347,482,810 | 168,928,173 | 516,410,983 |

PART II-OPERATING EXPENSES

| | |
|--------------------------------|------------|
| 26 00 OPERATING EXPENSES | 92,711,645 |
| ADD (SPECIFY) | |
| 27 00 ADD (SPECIFY) | |
| 28 00 | |
| 29 00 | |
| 30 00 | |
| 31 00 | |
| 32 00 | |
| 33 00 TOTAL ADDITIONS | |
| DEDUCT (SPECIFY) | |
| 34 00 DEDUCT (SPECIFY) | |
| 35 00 | |
| 36 00 | |
| 37 00 | |
| 38 00 | |
| 39 00 TOTAL DEDUCTIONS | |
| 40 00 TOTAL OPERATING EXPENSES | 92,711,645 |

STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET G-3
 I TO 12/31/2008 I

DESCRIPTION

| | | |
|----|--|-------------|
| 1 | TOTAL PATIENT REVENUES | 516,410,983 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 411,932,311 |
| 3 | NET PATIENT REVENUES | 104,478,672 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 92,711,645 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 11,767,027 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 167,147 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS | 17,617 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | 4,248 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | 350 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | 17,061 |
| 22 | RENTAL OF HOSPITAL SPACE | 444,286 |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER MISCELLANEOUS | 1,124,536 |
| 25 | TOTAL OTHER INCOME | 1,775,245 |
| 26 | TOTAL | 13,542,272 |
| | OTHER EXPENSES | |
| 27 | GAIN/LOSS ON SALE OF FIXED ASSETS | 108,309 |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | 108,309 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 13,433,963 |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H
I HHA NO: I TO 12/31/2008 I
I 14-7729 I

HHA 1

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANSPORTATION 3 | CONTRACTED/ PURCHASED SVCS 4 | OTHER COSTS 5 | TOTAL 6 |
|--------------------------------|---------------|---------------------------|---------------------|------------------------------------|------------------|------------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP-REL COST-BLDG & FIX | | | | | | |
| 2 CAP-REL COST-MOV EQUIP | | | | | | |
| 3 PLANT OPER & MAINT | | | | | | |
| 4 TRANSPORTATION | | | | | | |
| 5 ADMIN & GENERAL | 207,030 | 38,346 | 28,542 | | 35,629 | 309,547 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 SKILLED NURSING CARE | 186,289 | | | 1,803 | | 188,092 |
| 7 PHYSICAL THERAPY | 59,622 | | | 15,405 | | 75,027 |
| 8 OCCUPATIONAL THERAPY | 17,909 | | | | | 17,909 |
| 9 SPEECH PATHOLOGY | 2,097 | | | | | 2,097 |
| 10 MEDICAL SOCIAL SERVICES | 3,123 | | | | | 3,123 |
| 11 HOME HEALTH AIDE | 14,564 | | | | | 14,564 |
| 12 SUPPLIES | | | | | | |
| 13 DRUGS | | | | | | |
| 13.20 COST ADMINISTERING DRUGS | | | | | | |
| 14 DME | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 HOME DIALYSIS AIDE SVCS | | | | | | |
| 16 RESPIRATORY THERAPY | | | | | | |
| 17 PRIVATE DUTY NURSING | | | | | | |
| 18 CLINIC | | | | | | |
| 19 HEALTH PROM ACTIVITIES | | | | | | |
| 20 DAY CARE PROGRAM | | | | | | |
| 21 HOME DEL MEALS PROGRAM | | | | | | |
| 22 HOMEMAKER SERVICE | | | | | | |
| 23 ALL OTHER | | | | | | |
| 23.50 TELEMEDICINE | | | | | | |
| 24 TOTAL (SUM OF LINES 1-23) | 490,634 | 38,346 | 28,542 | 17,208 | 35,629 | 610,359 |

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 |
|--------------------------------|-----------------------------|------------------------------------|------------------|--------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAP-REL COST-BLDG & FIX | | | | |
| 2 CAP-REL COST-MOV EQUIP | | | | |
| 3 PLANT OPER & MAINT | | | | |
| 4 TRANSPORTATION | | | | |
| 5 ADMIN & GENERAL | -85,462 | 224,085 | -76,830 | 147,255 |
| HHA REIMBURSABLE SERVICES | | | | |
| 6 SKILLED NURSING CARE | | 188,092 | | 188,092 |
| 7 PHYSICAL THERAPY | | 75,027 | | 75,027 |
| 8 OCCUPATIONAL THERAPY | | 17,909 | | 17,909 |
| 9 SPEECH PATHOLOGY | | 2,097 | | 2,097 |
| 10 MEDICAL SOCIAL SERVICES | | 3,123 | | 3,123 |
| 11 HOME HEALTH AIDE | | 14,564 | | 14,564 |
| 12 SUPPLIES | | | | |
| 13 DRUGS | | | | |
| 13.20 COST ADMINISTERING DRUGS | | | | |
| 14 DME | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | |
| 15 HOME DIALYSIS AIDE SVCS | | | | |
| 16 RESPIRATORY THERAPY | | | | |
| 17 PRIVATE DUTY NURSING | | | | |
| 18 CLINIC | | | | |
| 19 HEALTH PROM ACTIVITIES | | | | |
| 20 DAY CARE PROGRAM | | | | |
| 21 HOME DEL MEALS PROGRAM | | | | |
| 22 HOMEMAKER SERVICE | | | | |
| 23 ALL OTHER | | | | |
| 23.50 TELEMEDICINE | | | | |
| 24 TOTAL (SUM OF LINES 1-23) | -85,462 | 524,897 | -76,830 | 448,067 |

Health Financial Systems MCRIF32 FOR GATEWAY REGIONAL
COST ALLOCATION -
HHA GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96 (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-4
I HHA NO: I TO 12/31/2008 I PART I
I 14-7729 I I

HHA 1

| | NET EXPENSES FOR COST ALLOCATION | CAP-REL COST-BLDG & FIX | CAP-REL COST-MOV EQUIP | PLANT OPER & MAINT | TRANSPORTATIO N | SUBTOTAL | ADMINISTRATIV E & GENERAL |
|------------------------------|--|-------------------------------|------------------------------|-----------------------|--------------------|----------|------------------------------|
| | 0 | 1 | 2 | 3 | 4 | 4A | 5 |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 5 | ADMINISTRATIVE & GENERAL | 147,255 | | | | 147,255 | 147,255 |
| | HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | SKILLED NURSING CARE | 188,092 | | | | 188,092 | 92,075 |
| 7 | PHYSICAL THERAPY | 75,027 | | | | 75,027 | 36,728 |
| 8 | OCCUPATIONAL THERAPY | 17,909 | | | | 17,909 | 8,767 |
| 9 | SPEECH PATHOLOGY | 2,097 | | | | 2,097 | 1,027 |
| 10 | MEDICAL SOCIAL SERVICES | 3,123 | | | | 3,123 | 1,529 |
| 11 | HOME HEALTH AIDE | 14,564 | | | | 14,564 | 7,129 |
| 12 | SUPPLIES | | | | | | |
| 13 | DRUGS | | | | | | |
| 13.20 | COST ADMINISTERING DRUGS | | | | | | |
| 14 | DME | | | | | | |
| | HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | HOME DIALYSIS AIDE SVCS | | | | | | |
| 16 | RESPIRATORY THERAPY | | | | | | |
| 17 | PRIVATE DUTY NURSING | | | | | | |
| 18 | CLINIC | | | | | | |
| 19 | HEALTH PROM ACTIVITIES | | | | | | |
| 20 | DAY CARE PROGRAM | | | | | | |
| 21 | HOME DEL MEALS PROGRAM | | | | | | |
| 22 | HOMEMAKER SERVICE | | | | | | |
| 23 | ALL OTHERS | | | | | | |
| 23.50 | TELEMEDICINE | | | | | | |
| 24 | TOTAL (SUM OF LINES 1-23) | 448,067 | | | | 448,067 | |

TOTAL

6

| | | |
|------------------------------|------------------------------|---------|
| GENERAL SERVICE COST CENTERS | | |
| 1 | CAP-REL COST-BLDG & FIX | |
| 2 | CAP-REL COST-MOV EQUIP | |
| 3 | PLANT OPER & MAINT | |
| 4 | TRANSPORTATION | |
| 5 | ADMINISTRATIVE & GENERAL | |
| | HHA REIMBURSABLE SERVICES | |
| 6 | SKILLED NURSING CARE | 280,167 |
| 7 | PHYSICAL THERAPY | 111,755 |
| 8 | OCCUPATIONAL THERAPY | 26,676 |
| 9 | SPEECH PATHOLOGY | 3,124 |
| 10 | MEDICAL SOCIAL SERVICES | 4,652 |
| 11 | HOME HEALTH AIDE | 21,693 |
| 12 | SUPPLIES | |
| 13 | DRUGS | |
| 13.20 | COST ADMINISTERING DRUGS | |
| 14 | DME | |
| | HHA NONREIMBURSABLE SERVICES | |
| 15 | HOME DIALYSIS AIDE SVCS | |
| 16 | RESPIRATORY THERAPY | |
| 17 | PRIVATE DUTY NURSING | |
| 18 | CLINIC | |
| 19 | HEALTH PROM ACTIVITIES | |
| 20 | DAY CARE PROGRAM | |
| 21 | HOME DEL MEALS PROGRAM | |
| 22 | HOMEMAKER SERVICE | |
| 23 | ALL OTHERS | |
| 23.50 | TELEMEDICINE | |
| 24 | TOTAL (SUM OF LINES 1-23) | 448,067 |

Health Financial Systems
COST ALLOCATION -
HHA STATISTICAL BASIS

MCRIF32

FOR GATEWAY REGIONAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET H-4 |
| I HHA NO: | I TO 12/31/2008 | I PART II |
| I 14-7729 | I | I |

HHA 1

| | CAP-REL COST-BLDG & FIX (SQUARE FEET) | CAP-REL COST-MOV EQUIP (DOLLAR VALUE) | PLANT OPER & MAINT (SQUARE FEET) | TRANSPORTATIO N (MILEAGE) | RECONCILIATIO N () | ADMINISTRATIV E & GENERAL (ACCUM. COST) |
|--------------------------------|---|---|---|-----------------------------------|---------------------------|--|
| | 1 | 2 | 3 | 4 | 5A | 5 |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP-REL COST-BLDG & FIX | | | | | | |
| 2 CAP-REL COST-MOV EQUIP | | | | | | |
| 3 PLANT OPER & MAINT | | | | | | |
| 4 TRANSPORTATION | | | | | | |
| 5 ADMINISTRATIVE & GENERAL | | | | | -147,255 | 300,812 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 SKILLED NURSING CARE | | | | | | 188,092 |
| 7 PHYSICAL THERAPY | | | | | | 75,027 |
| 8 OCCUPATIONAL THERAPY | | | | | | 17,909 |
| 9 SPEECH PATHOLOGY | | | | | | 2,097 |
| 10 MEDICAL SOCIAL SERVICES | | | | | | 3,123 |
| 11 HOME HEALTH AIDE | | | | | | 14,564 |
| 12 SUPPLIES | | | | | | |
| 13 DRUGS | | | | | | |
| 13.20 COST ADMINISTERING DRUGS | | | | | | |
| 14 DME | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 HOME DIALYSIS AIDE SVCS | | | | | | |
| 16 RESPIRATORY THERAPY | | | | | | |
| 17 PRIVATE DUTY NURSING | | | | | | |
| 18 CLINIC | | | | | | |
| 19 HEALTH PROM ACTIVITIES | | | | | | |
| 20 DAY CARE PROGRAM | | | | | | |
| 21 HOME DEL MEALS PROGRAM | | | | | | |
| 22 HOMEMAKER SERVICE | | | | | | |
| 23 ALL OTHERS | | | | | | |
| 23.50 TELEMEDICINE | | | | | | |
| 24 TOTAL (SUM OF LINES 1-23) | | | | | -147,255 | 300,812 |
| 25 COST TO BE ALLOCATED | | | | | | 147,255 |
| 26 UNIT COST MULTIPLIER | | | | | | .489525 |

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR GATEWAY REGIONAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-5
I HHA NO: I TO 12/31/2008 I PART I
I 14-7729 I I

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) 0 | OLD CAP REL COSTS-BLDG & 1 | OLD CAP REL COSTS-MVBLE 2 | NEW CAP REL COSTS-BLDG & 3 | NEW CAP REL COSTS-MVBLE 4 | EMPLOYEE BEN EFITS 5 |
|-------------------------------|-------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------|
| 1 ADMIN & GENERAL | | | | 6,653 | 8,182 | 30,446 |
| 2 SKILLED NURSING CARE | 280,167 | | | | | 27,396 |
| 3 PHYSICAL THERAPY | 111,755 | | | | | 8,768 |
| 4 OCCUPATIONAL THERAPY | 26,676 | | | | | 2,634 |
| 5 SPEECH PATHOLOGY | 3,124 | | | | | 308 |
| 6 MEDICAL SOCIAL SERVICES | 4,652 | | | | | 459 |
| 7 HOME HEALTH AIDE | 21,693 | | | | | 2,142 |
| 8 SUPPLIES | | | | | | |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 448,067 | | | 6,653 | 8,182 | 72,153 |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | SUBTOTAL 5A | ADMINISTRATI VE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LI NEN SERVICE 9 | HOUSEKEEPING 10 | DIETARY 11 |
|-------------------------------|----------------|-----------------------------------|----------------------------|----------------------------------|--------------------|---------------|
| 1 ADMIN & GENERAL | 45,281 | 9,938 | 23,328 | | 7,930 | |
| 2 SKILLED NURSING CARE | 307,563 | 67,498 | | | | |
| 3 PHYSICAL THERAPY | 120,523 | 26,451 | | | | |
| 4 OCCUPATIONAL THERAPY | 29,310 | 6,433 | | | | |
| 5 SPEECH PATHOLOGY | 3,432 | 753 | | | | |
| 6 MEDICAL SOCIAL SERVICES | 5,111 | 1,122 | | | | |
| 7 HOME HEALTH AIDE | 23,835 | 5,231 | | | | |
| 8 SUPPLIES | | | | | | |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 535,055 | 117,426 | 23,328 | | 7,930 | |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | CAFETERIA 12 | NURSING ADMINISTRATION 14 | CENTRAL SERVICES & SUPPLIES 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 |
|-------------------------------|-----------------|------------------------------|-----------------------------------|----------------|---------------------------------|----------------------|
| 1 ADMIN & GENERAL | 1,798 | | 1,796 | | | |
| 2 SKILLED NURSING CARE | 1,872 | | | | | |
| 3 PHYSICAL THERAPY | 677 | | | | | |
| 4 OCCUPATIONAL THERAPY | 133 | | | | | |
| 5 SPEECH PATHOLOGY | 22 | | | | | |
| 6 MEDICAL SOCIAL SERVICES | 33 | | | | | |
| 7 HOME HEALTH AIDE | 327 | | | | | |
| 8 SUPPLIES | | | | | | |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 4,862 | | 1,796 | | | |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | SUBTOTAL 25 | POST STEP DOWN ADJUST 26 | SUBTOTAL 27 | ALLOCATED HHA A & G 28 | TOTAL HHA COSTS 29 |
|-------------------------------|----------------|-----------------------------|----------------|---------------------------|-----------------------|
| 1 ADMIN & GENERAL | 90,071 | | 90,071 | | |
| 2 SKILLED NURSING CARE | 376,933 | | 376,933 | 56,554 | 433,487 |
| 3 PHYSICAL THERAPY | 147,651 | | 147,651 | 22,153 | 169,804 |
| 4 OCCUPATIONAL THERAPY | 35,876 | | 35,876 | 5,383 | 41,259 |
| 5 SPEECH PATHOLOGY | 4,207 | | 4,207 | 631 | 4,838 |
| 6 MEDICAL SOCIAL SERVICES | 6,266 | | 6,266 | 940 | 7,206 |
| 7 HOME HEALTH AIDE | 29,393 | | 29,393 | 4,410 | 33,803 |
| 8 SUPPLIES | | | | | |
| 9 DRUGS | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | |
| 10 DME | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | |
| 12 RESPIRATORY THERAPY | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | |
| 14 CLINIC | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | |
| 16 DAY CARE PROGRAM | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | |
| 18 HOMEMAKER SERVICE | | | | | |
| 19 ALL OTHER | | | | | |
| 19.50 TELEMEDICINE | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 690,397 | | 690,397 | 90,071 | 690,397 |
| 21 UNIT COST MULTIPLIER | | | | 0.150037 | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR GATEWAY REGIONAL

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 14-7729 I I

HHA 1

| HHA COST CENTER | | OLD CAP REL COSTS-BLDG & (SQUARE FEET | OLD CAP REL COSTS-MVBLE (SQUARE FEET | NEW CAP REL COSTS-BLDG & (SQUARE FEET | NEW CAP REL COSTS-MVBLE (SQUARE FEET | EMPLOYEE BEN EFITS (GROSS SALARIES) | RECONCILIATI ON |
|-----------------|--------------------------|--|---|--|---|--|--------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6A |
| 1 | ADMIN & GENERAL | 1,118 | 1,118 | 1,118 | 1,118 | 207,030 | |
| 2 | SKILLED NURSING CARE | | | | | 186,289 | |
| 3 | PHYSICAL THERAPY | | | | | 59,622 | |
| 4 | OCCUPATIONAL THERAPY | | | | | 17,909 | |
| 5 | SPEECH PATHOLOGY | | | | | 2,097 | |
| 6 | MEDICAL SOCIAL SERVICES | | | | | 3,123 | |
| 7 | HOME HEALTH AIDE | | | | | 14,564 | |
| 8 | SUPPLIES | | | | | | |
| 9 | DRUGS | | | | | | |
| 9.20 | COST ADMINISTERING DRUGS | | | | | | |
| 10 | DME | | | | | | |
| 11 | HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 | RESPIRATORY THERAPY | | | | | | |
| 13 | PRIVATE DUTY NURSING | | | | | | |
| 14 | CLINIC | | | | | | |
| 15 | HEALTH PROM ACTIVITIES | | | | | | |
| 16 | DAY CARE PROGRAM | | | | | | |
| 17 | HOME DEL MEALS PROGRAM | | | | | | |
| 18 | HOMEMAKER SERVICE | | | | | | |
| 19 | ALL OTHER | | | | | | |
| 19.50 | TELEMEDICINE | | | | | | |
| 20 | TOTAL (SUM OF 1-19) | 1,118 | 1,118 | 1,118 | 1,118 | 490,634 | |
| 21 | COST TO BE ALLOCATED | | | 6,653 | 8,182 | 72,153 | |
| 22 | UNIT COST MULTIPLIER | | | 5.950805 | 7.318426 | 0.147061 | |

| HHA COST CENTER | | ADMINISTRATI VE & GENERAL (ACCUM. COST | OPERATION OF PLANT (SQUARE FEET | LAUNDRY & LI NEN SERVICE (POUNDS | HOUSEKEEPING (SQUARE FEET | DIETARY (MEALS SERVED | CAFETERIA (FTE'S |
|-----------------|--------------------------|--|--|--|---------------------------------|-----------------------------|---------------------|
| | | 6 | 8 | 9 | 10 | 11 | 12 |
| 1 | ADMIN & GENERAL | 45,281 | 1,118 | | 1,118 | | 324 |
| 2 | SKILLED NURSING CARE | 307,563 | | | | | 337 |
| 3 | PHYSICAL THERAPY | 120,523 | | | | | 122 |
| 4 | OCCUPATIONAL THERAPY | 29,310 | | | | | 24 |
| 5 | SPEECH PATHOLOGY | 3,432 | | | | | 4 |
| 6 | MEDICAL SOCIAL SERVICES | 5,111 | | | | | 6 |
| 7 | HOME HEALTH AIDE | 23,835 | | | | | 59 |
| 8 | SUPPLIES | | | | | | |
| 9 | DRUGS | | | | | | |
| 9.20 | COST ADMINISTERING DRUGS | | | | | | |
| 10 | DME | | | | | | |
| 11 | HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 | RESPIRATORY THERAPY | | | | | | |
| 13 | PRIVATE DUTY NURSING | | | | | | |
| 14 | CLINIC | | | | | | |
| 15 | HEALTH PROM ACTIVITIES | | | | | | |
| 16 | DAY CARE PROGRAM | | | | | | |
| 17 | HOME DEL MEALS PROGRAM | | | | | | |
| 18 | HOMEMAKER SERVICE | | | | | | |
| 19 | ALL OTHER | | | | | | |
| 19.50 | TELEMEDICINE | | | | | | |
| 20 | TOTAL (SUM OF 1-19) | 535,055 | 1,118 | | 1,118 | | 876 |
| 21 | COST TO BE ALLOCATED | 117,426 | 23,328 | | 7,930 | | 4,862 |
| 22 | UNIT COST MULTIPLIER | 0.219465 | 20.865832 | | 7.093023 | | 5.550228 |

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR GATEWAY REGIONAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET H-5 |
| I | HHA NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-7729 | I | | I | |

HHA 1

| HHA COST CENTER | NURSING ADMINISTRATION (NURSING SALARIES 14 | CENTRAL SERVICES & SUPPLIES (COSTED REQS 15 | PHARMACY (COSTED REQS 16 | MEDICAL RECORDS & LIBRARY (GROSS CHARGES 17 | SOCIAL SERVICE (PATIENT DAYS 18 |
|-------------------------------|---|---|--------------------------------|---|---------------------------------------|
| 1 ADMIN & GENERAL | | 11,655 | | | |
| 2 SKILLED NURSING CARE | | | | | |
| 3 PHYSICAL THERAPY | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | |
| 5 SPEECH PATHOLOGY | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | |
| 7 HOME HEALTH AIDE | | | | | |
| 8 SUPPLIES | | | | | |
| 9 DRUGS | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | |
| 10 DME | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | |
| 12 RESPIRATORY THERAPY | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | |
| 14 CLINIC | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | |
| 16 DAY CARE PROGRAM | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | |
| 18 HOMEMAKER SERVICE | | | | | |
| 19 ALL OTHER | | | | | |
| 19.50 TELEMEDICINE | | | | | |
| 20 TOTAL (SUM OF 1-19) | | 11,655 | | | |
| 21 COST TO BE ALLOCATED | | 1,796 | | | |
| 22 UNIT COST MULTIPLIER | | 0.154097 | | | |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-6
I HHA NO: I TO 12/31/2008 I PARTS I II & III
I 14-7729 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) 1 | SHARED ANCILLARY COSTS (FROM PART II) 2 | TOTAL HHA COSTS 3 | TOTAL VISITS 4 | AVERAGE COST PER VISIT 5 | PROGRAM VISITS PART A 6 |
|-------------------------------|---|--|--|-------------------------|----------------------|-----------------------------------|----------------------------------|
| PATIENT SERVICES | | | | | | | |
| 1 SKILLED NURSING | 2 | 433,487 | | 433,487 | 3,746 | 115.72 | 1,271 |
| 2 PHYSICAL THERAPY | 3 | 169,804 | | 169,804 | 2,731 | 62.18 | 1,022 |
| 3 OCCUPATIONAL THERAPY | 4 | 41,259 | | 41,259 | 438 | 94.20 | 182 |
| 4 SPEECH PATHOLOGY | 5 | 4,838 | | 4,838 | 36 | 134.39 | 11 |
| 5 MEDICAL SOCIAL SERVICES | 6 | 7,206 | | 7,206 | 43 | 167.58 | 14 |
| 6 HOME HEALTH AIDE SERVICE | 7 | 33,803 | | 33,803 | 443 | 76.30 | 206 |
| 7 TOTAL | | 690,397 | | 690,397 | 7,437 | | 2,706 |

| | | -----PROGRAM VISITS----- | | -----COST OF SERVICES----- | | | |
|---|---------------------------|--|--|----------------------------|---|---|--------------------------------|
| | | -----PART B----- | | -----PART B----- | | | |
| | | NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | PART A 9 | NOT SUBJECT TO DEDUCT & COINSUR 10 | SUBJECT TO DEDUCT & COINSUR 11 | TOTAL PROGRAM COST 12 |
| 1 | SKILLED NURSING | 845 | | 147,080 | 97,783 | | 244,863 |
| 2 | PHYSICAL THERAPY | 478 | | 63,548 | 29,722 | | 93,270 |
| 3 | OCCUPATIONAL THERAPY | 57 | | 17,144 | 5,369 | | 22,513 |
| 4 | SPEECH PATHOLOGY | | | 1,478 | | | 1,478 |
| 5 | MEDICAL SOCIAL SERVICES | 11 | | 2,346 | 1,843 | | 4,189 |
| 6 | HOME HEALTH AIDE SERVICES | 159 | | 15,718 | 12,132 | | 27,850 |
| 7 | TOTAL | 1,550 | | 247,314 | 146,849 | | 394,163 |

LIMITATION COST
COMPUTATION

| PATIENT SERVICES | 1 | 2 | 3 | 4 | PROGRAM COST LIMITS 5 | PROGRAM VISITS PART A 6 |
|-----------------------------|---|---|---|---|--------------------------------|----------------------------------|
| 8 SKILLED NURSING | | | | | | |
| 9 PHYSICAL THERAPY | | | | | | |
| 10 OCCUPATIONAL THERAPY | | | | | | |
| 11 SPEECH PATHOLOGY | | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | | |
| 14 TOTAL | | | | | | |

| -----PROGRAM VISITS----- | | | | -----COST OF SERVICES----- | | | |
|--|--|-------------|---|---|--------------------------------|--|--|
| -----PART B----- | | | | -----PART B----- | | | |
| NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | PART A 9 | NOT SUBJECT TO DEDUCT & COINSUR 10 | SUBJECT TO DEDUCT & COINSUR 11 | TOTAL PROGRAM COST 12 | | |
| 8 | SKILLED NURSING | | | | | | |
| 9 | PHYSICAL THERAPY | | | | | | |
| 10 | OCCUPATIONAL THERAPY | | | | | | |
| 11 | SPEECH PATHOLOGY | | | | | | |
| 12 | MEDICAL SOCIAL SERVICES | | | | | | |
| 13 | HOME HEALTH AIDE SERVICE | | | | | | |
| 14 | TOTAL | | | | | | |

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-6
I HHA NO: I TO 12/31/2008 I PARTS I II & III
I 14-7729 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL CHARGES | RATIO | PROGRAM COVERED CHARGES PART A |
|--|---|---|---|--------------------|------------------|-------|---|
| OTHER PATIENT SERVICES | 1 | 2 | 3 | 4 | 5 | 6 | |
| 15 COST OF MEDICAL SUPPLIES | 8.00 | | | | 15,548 | | 2,284 |
| 16 COST OF DRUGS | 9.00 | | | | | | |
| 16.20 COST OF DRUGS | 9.20 | | | | | | |

| | PROGRAM COVERED CHARGES | | COST OF SERVICES | |
|-----------------------------|--|--|---|---|
| | NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | NOT SUBJECT TO DEDUCT & COINSUR 10 | SUBJECT TO DEDUCT & COINSUR 11 |
| 15 COST OF MEDICAL SUPPLIES | | 876 | | |
| 16 COST OF DRUGS | | | | |
| 16.20 COST OF DRUGS | | | | |

PER BENEFICIARY COST
LIMITATION:

MSA
NUMBER
1
AMOUNT
2

162 PROGRAM UNLAP CENSUS FROM WRKST S-4
17 PER BENE COST LIMITATION (FRM FI)
18 PER BENE COST LIMITATION (LN 17*18)

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

| | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|---------------------------------------|-------------------------------|---------------------------------|------------------------------|---------------------------------------|--|
| 1 PHYSICAL THERAPY | 50 | .159085 | | | COL 2, LN 2 |
| 2 OCCUPATIONAL THERAPY | 51 | | | | COL 2, LN 3 |
| 3 SPEECH PATHOLOGY | 52 | | | | COL 2, LN 4 |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | .193258 | | | COL 2, LN 15 |
| 5 DRUGS CHARGED TO PATIENTS | 56 | .154780 | | | COL 2, LN 16 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

| | FROM PART I, COL 5 1 | COST PER VISIT 2 | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE | | PROGRAM VISITS | | PROGRAM COSTS | | PROG VISITS ON OR AFTER 1/1/1999 5 |
|----------------------------|-------------------------------|---------------------------|--|--------------------------------|------------------------|--------------------------------|---------------|--|---|
| | | | PRIOR 1/1/1998 3 | 1/1/1998 TO 12/31/1998 4 | PRIOR 1/1/1998 3 | 1/1/1998 TO 12/31/1998 4 | | | |
| 1 PHYSICAL THERAPY | | 62.18 | 2.01 | 3 | 3.01 | 4 | | | |
| 2 OCCUPATIONAL THERAPY | | 94.20 | | | | | | | |
| 3 SPEECH PATHOLOGY | | 134.39 | | | | | | | |
| 4 TOTAL (SUM OF LINES 1-3) | | | | | | | | | |

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

IN LIEU OF FORM CMS-2552-96 H-7 (5/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-7
 I HHA NO: I TO 12/31/2008 I PARTS I & II
 I 14-7729 I I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES
PART A

| | PART A 1 | PART B NOT SUBJECT TO DED & COINS 2 | PART B SUBJECT TO DED & COINS 3 |
|--|-------------|--|--|
| 1 REASONABLE COST OF SERVICES | | | |
| 2 TOTAL CHARGES | 407,845 | 226,087 | |
| 3 CUSTOMARY CHARGES | | | |
| 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) | | | |
| 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000) | | | |
| 7 TOTAL CUSTOMARY CHARGES | | 226,087 | |
| 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | | 226,087 | |
| 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 10 PRIMARY PAYOR AMOUNTS | | | |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| | PART A SERVICES 1 | PART B SERVICES 2 |
|--|-------------------------|-------------------------|
|--|-------------------------|-------------------------|

| | | |
|---|---------|---------|
| 10 TOTAL REASONABLE COST | | |
| 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS | 508,085 | 291,287 |
| 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS | | 2,294 |
| 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES | 3,328 | 4,199 |
| 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES | | 762 |
| 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE | | |
| 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES | | |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS | | |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES | | |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE | | |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES | | |
| 10.11 TOTAL OTHER PAYMENTS | | |
| 10.12 DME PAYMENTS | | |
| 10.13 OXYGEN PAYMENTS | | |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS | | |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE) | | |
| 12 SUBTOTAL | 511,413 | 298,542 |
| 13 EXCESS REASONABLE COST | | |
| 14 SUBTOTAL | 511,413 | 298,542 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | |
| 16 NET COST | 511,413 | 298,542 |
| 17 REIMBURSABLE BAD DEBTS | | |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 511,413 | 298,542 |
| 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION | | |
| 21 OTHER ADJUSTMENTS (SPECIFY) | | |
| 22 SUBTOTAL | 511,413 | 298,542 |
| 23 SEQUESTRATION ADJUSTMENT | | |
| 24 SUBTOTAL | 511,413 | 298,542 |
| 25 INTERIM PAYMENTS | 511,413 | 298,542 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 26 BALANCE DUE PROVIDER/PROGRAM | | |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2 | | |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO
PROGRAM BENEFICIARIES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET H-8
I HHA NO: I TO 12/31/2008 I
I 14-7729 I

TITLE XVIII

HHA 1

DESCRIPTION

| | PART A | PART B |
|--|---------|---------|
| MM/DD/YYYY | AMOUNT | AMOUNT |
| 1 | 2 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | 511,413 | 298,542 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | NONE | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | |
| ADJUSTMENTS TO PROVIDER | .01 | |
| ADJUSTMENTS TO PROVIDER | .02 | |
| ADJUSTMENTS TO PROVIDER | .03 | |
| ADJUSTMENTS TO PROVIDER | .04 | |
| ADJUSTMENTS TO PROVIDER | .05 | |
| ADJUSTMENTS TO PROGRAM | .50 | |
| ADJUSTMENTS TO PROGRAM | .51 | |
| ADJUSTMENTS TO PROGRAM | .52 | |
| ADJUSTMENTS TO PROGRAM | .53 | |
| ADJUSTMENTS TO PROGRAM | .54 | |
| SUBTOTAL | .99 | |
| 4 TOTAL INTERIM PAYMENTS | 511,413 | 298,542 |
| TO BE COMPLETED BY INTERMEDIARY | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | |
| TENTATIVE TO PROVIDER | .01 | |
| TENTATIVE TO PROVIDER | .02 | |
| TENTATIVE TO PROVIDER | .03 | |
| TENTATIVE TO PROGRAM | .50 | |
| TENTATIVE TO PROGRAM | .51 | |
| TENTATIVE TO PROGRAM | .52 | |
| SUBTOTAL | .99 | |
| 6 DETERMINED NET SETTLEMENT | NONE | NONE |
| AMOUNT (BALANCE DUE) | | |
| BASED ON COST REPORT (1) | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | 511,413 | 298,542 |

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

| | SALARIES (FROM K-1) 1 | EMPLOYEE BENEFITS (FROM K-2) 2 | TRANSPORTATION (SEE INST.) 3 | CONTRACTED SERVICES (FROM K-3) 4 |
|---------------------------------------|-----------------------------|---|------------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 10.20 | | | | |
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| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 18.20 | | | | |
| 19 | | | | |
| 20 | | | | |
| 20.30 | | | | |
| 20.31 | | | | |
| 20.32 | | | | |
| 21 | | | | |
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| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | | | | |
| GENERAL SERVICE COST CENTERS | | | | |
| CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| PLANT OPERATION AND MAINTENANCE | | | | |
| TRANSPORTATION - STAFF | | | | |
| VOLUNTEER SERVICE COORDINATION | | | | |
| ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| INPATIENT - GENERAL CARE | 277,046 | | | |
| INPATIENT - RESPITE CARE | | | | |
| VISITING SERVICES | | | | |
| PHYSICIAN SERVICES | | | | |
| NURSING CARE | | | | |
| NURSING CARE-CONTINUOUS HOME CARE | | | | |
| PHYSICAL THERAPY | | | | |
| OCCUPATIONAL THERAPY | | | | |
| SPEECH/LANGUAGE PATHOLOGY | | | | |
| MEDICAL SOCIAL SERVICES | | | | |
| SPIRITUAL COUNSELING | | | | |
| DIETARY COUNSELING | | | | |
| COUNSELING - OTHER | | | | |
| HOME HEALTH AIDE AND HOMEMAKER | | | | |
| HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| OTHER | | | | |
| DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| ANALGESICS | | | | |
| SEDATIVES / HYPNOTICS | | | | |
| OTHER - SPECIFY | | | | |
| DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| PATIENT TRANSPORTATION | | | | |
| IMAGING SERVICES | | | | |
| LABS AND DIAGNOSTICS | | | | |
| MEDICAL SUPPLIES | | | | |
| OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| RADIATION THERAPY | | | | |
| CHEMOTHERAPY | | | | |
| OTHER | | | | |
| BEREAVEMENT PROGRAM COSTS | | | | |
| VOLUNTEER PROGRAM COSTS | | | | |
| FUNDRAISING | | | | |
| OTHER PROGRAM COSTS | | | | |
| TOTAL (SUM OF LINES 1 THRU 33) | 277,046 | 60,229 | 22,097 | |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

IN LIEU OF FORM CMS-2552-96-K (05/2007)

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

| | OTHER 5 | TOTAL (COLS. 1-5) 6 | RECLASSIFICATIONS 7 | SUBTOTAL (COL. 6 + COL. 7) 8 |
|-------|------------|---------------------------|------------------------|---------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | 82,326 | -60,229 | 22,097 |
| 7 | 205,292 | 482,338 | -82,095 | 400,243 |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 10.20 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 18.20 | | | | |
| 19 | | | | |
| 20 | | | | |
| 20.30 | | | | |
| 20.31 | | | | |
| 20.32 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
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| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | 205,292 | 564,664 | -142,324 | 422,340 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

IN LIEU OF FORM CMS-2552-96-K (05/2007)

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

| | |
|-------------|-----------|
| | TOTAL |
| | (COL. 8 |
| ADJUSTMENTS | + COL. 9) |
| 9 | 10 |

| | | | |
|----|---------------------------------------|-----|---------|
| 1 | GENERAL SERVICE COST CENTERS | | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | |
| 4 | PLANT OPERATION AND MAINTENANCE | | |
| 5 | TRANSPORTATION - STAFF | | |
| 6 | VOLUNTEER SERVICE COORDINATION | | |
| 7 | ADMINISTRATIVE AND GENERAL | | 22,097 |
| 8 | INPATIENT CARE SERVICE | | |
| 9 | INPATIENT - GENERAL CARE | -72 | 400,171 |
| 10 | INPATIENT - RESPITE CARE | | |
| 11 | VISITING SERVICES | | |
| 12 | PHYSICIAN SERVICES | | |
| 13 | NURSING CARE | | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | | |
| 15 | PHYSICAL THERAPY | | |
| 16 | OCCUPATIONAL THERAPY | | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | |
| 18 | MEDICAL SOCIAL SERVICES | | |
| 19 | SPIRITUAL COUNSELING | | |
| 20 | DIETARY COUNSELING | | |
| 21 | COUNSELING - OTHER | | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | |
| 24 | OTHER HOSPICE SERVICE COSTS | | |
| 25 | OTHER | | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | | |
| 27 | ANALGESICS | | |
| 28 | SEDATIVES / HYPNOTICS | | |
| 29 | OTHER - SPECIFY | | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 31 | PATIENT TRANSPORTATION | | |
| 32 | IMAGING SERVICES | | |
| 33 | LABS AND DIAGNOSTICS | | |
| 34 | MEDICAL SUPPLIES | | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 36 | RADIATION THERAPY | | |
| 37 | CHEMOTHERAPY | | |
| 38 | OTHER | | |
| 39 | BEREAVEMENT PROGRAM COSTS | | |
| 40 | VOLUNTEER PROGRAM COSTS | | |
| 41 | FUNDRAISING | | |
| 42 | OTHER PROGRAM COSTS | | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | -72 | 422,268 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | |
|---|--------------|---|----------------|
| | | IN LIEU OF FORM CMS-2552-96-K-1 (05/2007) | |
| I | PROVIDER NO: | I | PERIOD: |
| I | 14-0125 | I | FROM 1/ 1/2008 |
| I | HOSPICE NO: | I | TO 12/31/2008 |
| I | 14-1509 | I | |

PREPARED 6/ 1/2009
WORKSHEET K-1

HOSPICE 1

| | | | |
|---------------|----------|----------|-------------|
| ADMINISTRATOR | DIRECTOR | SOCIAL | SUPERVISORS |
| 1 | 2 | SERVICES | 4 |
| | | 3 | |

| | | |
|----|---------------------------------------|---------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | 277,046 |
| 10 | INPATIENT - RESPITE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 277,046 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K-1 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

| | | | |
|--------|------------|-------|-------|
| | TOTAL | | |
| NURSES | THERAPISTS | AIDES | ALL |
| 5 | 6 | 7 | OTHER |
| | | | 8 |

1 GENERAL SERVICE COST CENTERS
 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
 4 PLANT OPERATION AND MAINTENANCE
 5 TRANSPORTATION - STAFF
 6 VOLUNTEER SERVICE COORDINATION
 7 ADMINISTRATIVE AND GENERAL
 8 INPATIENT CARE SERVICE
 9 INPATIENT - GENERAL CARE
 10 INPATIENT - RESPITE CARE
 11 VISITING SERVICES
 12 PHYSICIAN SERVICES
 13 NURSING CARE
 14.20 NURSING CARE-CONTINUOUS HOME CARE
 15 PHYSICAL THERAPY
 16 OCCUPATIONAL THERAPY
 17 SPEECH/LANGUAGE PATHOLOGY
 18 MEDICAL SOCIAL SERVICES
 19 SPIRITUAL COUNSELING
 20 DIETARY COUNSELING
 21 COUNSELING - OTHER
 22 HOME HEALTH AIDE AND HOMEMAKER
 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
 24 OTHER HOSPICE SERVICE COSTS
 25 OTHER
 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
 27.30 ANALGESICS
 28.31 SEDATIVES / HYPNOTICS
 29.32 OTHER - SPECIFY
 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
 31 PATIENT TRANSPORTATION
 32 IMAGING SERVICES
 33 LABS AND DIAGNOSTICS
 34 MEDICAL SUPPLIES
 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
 36 RADIATION THERAPY
 37 CHEMOTHERAPY
 38 OTHER
 39 BEREAVEMENT PROGRAM COSTS
 40 VOLUNTEER PROGRAM COSTS
 41 FUNDRAISING
 42 OTHER PROGRAM COSTS
 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K-1 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

TOTAL (1)

9

| | | |
|----|---------------------------------------|---------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | 277,046 |
| 10 | INPATIENT - RESPITE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 277,046 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | |
|---|--------------|---|----------------|
| | | IN LIEU OF FORM CMS-2552-96-K-2 (05/2007) | |
| I | PROVIDER NO: | I | PERIOD: |
| I | 14-0125 | I | FROM 1/ 1/2008 |
| I | HOSPICE NO: | I | TO 12/31/2008 |
| I | 14-1509 | I | |

PREPARED 6/ 1/2009
WORKSHEET K-2

HOSPICE 1

| | | | |
|---------------|----------|-----------------|-------------|
| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
| 1 | 2 | 3 | 4 |

| | | |
|----|---------------------------------------|--------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | 60,229 |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPITE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 60,229 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | |
|---|--------------|---|----------------|
| | | IN LIEU OF FORM CMS-2552-96-K-2 (05/2007) | |
| I | PROVIDER NO: | I | PERIOD: |
| I | 14-0125 | I | FROM 1/ 1/2008 |
| I | HOSPICE NO: | I | TO 12/31/2008 |
| I | 14-1509 | I | |

PREPARED 6/ 1/2009
WORKSHEET K-2

HOSPICE 1

| | | | |
|--------|------------|-------|-------|
| | TOTAL | | |
| NURSES | THERAPISTS | AIDES | ALL |
| 5 | 6 | 7 | OTHER |
| | | | 8 |

1 GENERAL SERVICE COST CENTERS
 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
 4 PLANT OPERATION AND MAINTENANCE
 5 TRANSPORTATION - STAFF
 6 VOLUNTEER SERVICE COORDINATION
 7 ADMINISTRATIVE AND GENERAL
 8 INPATIENT CARE SERVICE
 9 INPATIENT - GENERAL CARE
 10 INPATIENT - RESPITE CARE
 11 VISITING SERVICES
 12 PHYSICIAN SERVICES
 13 NURSING CARE
 14.20 NURSING CARE-CONTINUOUS HOME CARE
 15 PHYSICAL THERAPY
 16 OCCUPATIONAL THERAPY
 17 SPEECH/LANGUAGE PATHOLOGY
 18 MEDICAL SOCIAL SERVICES
 19 SPIRITUAL COUNSELING
 20 DIETARY COUNSELING
 21 COUNSELING - OTHER
 22 HOME HEALTH AIDE AND HOMEMAKER
 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
 24 OTHER HOSPICE SERVICE COSTS
 25 OTHER
 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
 27.30 ANALGESICS
 28.31 SEDATIVES / HYPNOTICS
 29.32 OTHER - SPECIFY
 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
 31 PATIENT TRANSPORTATION
 32 IMAGING SERVICES
 33 LABS AND DIAGNOSTICS
 34 MEDICAL SUPPLIES
 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
 36 RADIATION THERAPY
 37 CHEMOTHERAPY
 38 OTHER
 39 BEREAVEMENT PROGRAM COSTS
 40 VOLUNTEER PROGRAM COSTS
 41 FUNDRAISING
 42 OTHER PROGRAM COSTS
 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K-2 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|--------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | 60,229 |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPITE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 60,229 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2008 I PART I
I 14-1509 I I

HOSPICE 1

| NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10) | CAP. REL. COST BUILDINGS & FIXTURES | CAP. REL. COST MOVABLE EQUIPMENT | PLANT OPERATION & MAINT. |
|--|---|--|--------------------------------|
| 0 | 1 | 2 | 3 |

| | | | | |
|----|---------------------------------------|---------|--|--|
| 1 | GENERAL SERVICE COST CENTERS | | | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | |
| 4 | PLANT OPERATION AND MAINTENANCE | | | |
| 5 | TRANSPORTATION - STAFF | | | |
| 6 | VOLUNTEER SERVICE COORDINATION | | | |
| 7 | ADMINISTRATIVE AND GENERAL | 22,097 | | |
| 8 | INPATIENT CARE SERVICE | | | |
| 9 | INPATIENT - GENERAL CARE | 400,171 | | |
| 10 | INPATIENT - RESPITE CARE | | | |
| 11 | VISITING SERVICES | | | |
| 12 | PHYSICIAN SERVICES | | | |
| 13 | NURSING CARE | | | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | | | |
| 15 | PHYSICAL THERAPY | | | |
| 16 | OCCUPATIONAL THERAPY | | | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | |
| 18 | MEDICAL SOCIAL SERVICES | | | |
| 19 | SPIRITUAL COUNSELING | | | |
| 20 | DIETARY COUNSELING | | | |
| 21 | COUNSELING - OTHER | | | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | | | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | | |
| 24 | OTHER HOSPICE SERVICE COSTS | | | |
| 25 | OTHER | | | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 27 | ANALGESICS | | | |
| 28 | SEDATIVES / HYPNOTICS | | | |
| 29 | OTHER - SPECIFY | | | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 31 | PATIENT TRANSPORTATION | | | |
| 32 | IMAGING SERVICES | | | |
| 33 | LABS AND DIAGNOSTICS | | | |
| 34 | MEDICAL SUPPLIES | | | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 36 | RADIATION THERAPY | | | |
| 37 | CHEMOTHERAPY | | | |
| 38 | OTHER | | | |
| 39 | BEREAVEMENT PROGRAM COSTS | | | |
| 40 | VOLUNTEER PROGRAM COSTS | | | |
| 41 | FUNDRAISING | | | |
| 42 | OTHER PROGRAM COSTS | | | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 422,268 | | |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2008 I PART I
I 14-1509 I

HOSPICE 1

| | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|--|----------------|--------------------------------------|------------------------|--------------------------------|
| | 4 | 5 | 5A | 6 |
| 1 GENERAL SERVICE COST CENTERS | | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | | |
| 5 TRANSPORTATION - STAFF | | | | |
| 6 VOLUNTEER SERVICE COORDINATION | | | | |
| 7 ADMINISTRATIVE AND GENERAL | | | 22,097 | 22,097 |
| 8 INPATIENT CARE SERVICE | | | | |
| 9 INPATIENT - GENERAL CARE | | | 400,171 | 22,097 |
| 10 INPATIENT - RESPITE CARE | | | | |
| 11 VISITING SERVICES | | | | |
| 12 PHYSICIAN SERVICES | | | | |
| 13 NURSING CARE | | | | |
| 14 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 15 PHYSICAL THERAPY | | | | |
| 16 OCCUPATIONAL THERAPY | | | | |
| 17 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 18 MEDICAL SOCIAL SERVICES | | | | |
| 19 SPIRITUAL COUNSELING | | | | |
| 20 DIETARY COUNSELING | | | | |
| 21 COUNSELING - OTHER | | | | |
| 22 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 23 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| 24 OTHER HOSPICE SERVICE COSTS | | | | |
| 25 OTHER | | | | |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 27 ANALGESICS | | | | |
| 28 SEDATIVES / HYPNOTICS | | | | |
| 29 OTHER - SPECIFY | | | | |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 31 PATIENT TRANSPORTATION | | | | |
| 32 IMAGING SERVICES | | | | |
| 33 LABS AND DIAGNOSTICS | | | | |
| 34 MEDICAL SUPPLIES | | | | |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 36 RADIATION THERAPY | | | | |
| 37 CHEMOTHERAPY | | | | |
| 38 OTHER | | | | |
| 39 BEREAVEMENT PROGRAM COSTS | | | | |
| 40 VOLUNTEER PROGRAM COSTS | | | | |
| 41 FUNDRAISING | | | | |
| 42 OTHER PROGRAM COSTS | | | | |
| 43 TOTAL (SUM OF LINES 1 THRU 33) | | | 400,171 | 22,097 |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2008 I PART I
I 14-1509 I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

| | | |
|----|---------------------------------------|---------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | 422,268 |
| 10 | INPATIENT - RESPITE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 422,268 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-4-II (05/2007)

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET K-4 |
| I HOSPICE NO: | I TO 12/31/2008 | I PART II |
| I 14-1509 | I | I |

HOSPICE 1

| | CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1 | CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATION & MAINT. (SQUARE FEET) 3 | TRANSPORTATION (MILEAGE) 4 |
|--|---|---|--|----------------------------------|
| 1 GENERAL SERVICE COST CENTERS | | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | | |
| 5 TRANSPORTATION - STAFF | | | | |
| 6 VOLUNTEER SERVICE COORDINATION | | | | |
| 7 ADMINISTRATIVE AND GENERAL | | | | |
| 8 INPATIENT CARE SERVICE | | | | |
| 9 INPATIENT - GENERAL CARE | | | | |
| 10 INPATIENT - RESPITE CARE | | | | |
| 11 VISITING SERVICES | | | | |
| 12 PHYSICIAN SERVICES | | | | |
| 13 NURSING CARE | | | | |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 15 PHYSICAL THERAPY | | | | |
| 16 OCCUPATIONAL THERAPY | | | | |
| 17 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 18 MEDICAL SOCIAL SERVICES | | | | |
| 19 SPIRITUAL COUNSELING | | | | |
| 20 DIETARY COUNSELING | | | | |
| 21 COUNSELING - OTHER | | | | |
| 22 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| 24 OTHER HOSPICE SERVICE COSTS | | | | |
| 25 OTHER | | | | |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 27.30 ANALGESICS | | | | |
| 28.31 SEDATIVES / HYPNOTICS | | | | |
| 29.32 OTHER - SPECIFY | | | | |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 31 PATIENT TRANSPORTATION | | | | |
| 32 IMAGING SERVICES | | | | |
| 33 LABS AND DIAGNOSTICS | | | | |
| 34 MEDICAL SUPPLIES | | | | |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 36 RADIATION THERAPY | | | | |
| 37 CHEMOTHERAPY | | | | |
| 38 OTHER | | | | |
| 39 | | | | |
| 40 | | | | |
| 41 | | | | |
| 42 FUNDRAISING | | | | |
| 43 OTHER PROGRAM COSTS | | | | |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | | | | |
| 45 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K-4 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | PART II |
| I | 14-1509 | I | | I | |

IN LIEU OF FORM CMS-2552-96-K-4-II (05/2007)

HOSPICE 1

| | | |
|---|----------------|---|
| VOLUNTEER SERVICES COORDINATOR (HOURS) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) |
| 5 | 6A | 6 |

1 GENERAL SERVICE COST CENTERS
2 CAPITAL RELATED COSTS-BLDG AND FIXT.
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
4 PLANT OPERATION AND MAINTENANCE
5 TRANSPORTATION - STAFF
6 VOLUNTEER SERVICE COORDINATION
7 ADMINISTRATIVE AND GENERAL
8 INPATIENT CARE SERVICE
9 INPATIENT - GENERAL CARE
10 INPATIENT - RESPITE CARE
11 VISITING SERVICES
12 PHYSICIAN SERVICES
13 NURSING CARE
14 NURSING CARE-CONTINUOUS HOME CARE
15 PHYSICAL THERAPY
16 OCCUPATIONAL THERAPY
17 SPEECH/LANGUAGE PATHOLOGY
18 MEDICAL SOCIAL SERVICES
19 SPIRITUAL COUNSELING
20 DIETARY COUNSELING
21 COUNSELING - OTHER
22 HOME HEALTH AIDE AND HOMEMAKER
23 HH AIDE & HOMEMAKER-CONT. HOME CARE
24 OTHER HOSPICE SERVICE COSTS
25 OTHER
26 DRUGS BIOLOGICAL AND INFUSION THERAPY
27 ANALGESICS
28 SEDATIVES / HYPNOTICS
29 OTHER - SPECIFY
30 DURABLE MEDICAL EQUIPMENT/OXYGEN
31 PATIENT TRANSPORTATION
32 IMAGING SERVICES
33 LABS AND DIAGNOSTICS
34 MEDICAL SUPPLIES
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
36 RADIATION THERAPY
37 CHEMOTHERAPY
38 OTHER
39
40 FUNDRAISING
41 OTHER PROGRAM COSTS
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)
43 UNIT COST MULTIPLIER

-22,097 400,171

400,171

22,097

.055219

.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET K-5 |
| I HOSPICE NO: | I TO 12/31/2008 | I PART I |
| I 14-1509 | I | I |

HOSPICE 1

| HOSPICE COST CENTER | FROM K-4, PART I, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT |
|---|---|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | 0 | 1 | 2 | 3 |
| 1.00 ADMINISTRATIVE AND GENERAL | 6 | | | | 5,987 |
| 2.00 INPATIENT - GENERAL CARE | 7 | 422,268 | | | |
| 3.00 INPATIENT - RESPITE CARE | 8 | | | | |
| 4.00 PHYSICIAN SERVICES | 9 | | | | |
| 5.00 NURSING CARE | 10 | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | 10.20 | | | | |
| 6.00 PHYSICAL THERAPY | 11 | | | | |
| 7.00 OCCUPATIONAL THERAPY | 12 | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | 13 | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | 14 | | | | |
| 10.00 SPIRITUAL COUNSELING | 15 | | | | |
| 11.00 DIETARY COUNSELING | 16 | | | | |
| 12.00 COUNSELING - OTHER | 17 | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 18 | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | 18.20 | | | | |
| 14.00 | 19 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20 | | | | |
| 15.30 ANALGESICS | 20.30 | | | | |
| 15.31 SEDATIVES / HYPNOTICS | 20.31 | | | | |
| 15.32 OTHER | 20.32 | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | 21 | | | | |
| 17.00 PATIENT TRANSPORTATION | 22 | | | | |
| 18.00 IMAGING SERVICES | 23 | | | | |
| 19.00 LABS AND DIAGNOSTICS | 24 | | | | |
| 20.00 MEDICAL SUPPLIES | 25 | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26 | | | | |
| 22.00 RADIATION THERAPY | 27 | | | | |
| 23.00 CHEMOTHERAPY | 28 | | | | |
| 24.00 | 29 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | 30 | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | 31 | | | | |
| 27.00 FUNDRAISING | 32 | | | | |
| 28.00 OTHER PROGRAM COSTS | 33 | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 422,268 | | | 5,987 |
| 30.00 UNIT COST MULTIPLIER | | | | | |

| HOSPICE COST CENTER | NEW CAP REL COSTS-MVBLE EQUIP | EMPLOYEE BENEFITS | SUBTOTAL | ADMINISTRATIVE & GENERAL |
|---|-------------------------------------|----------------------|----------|-----------------------------|
| | 4 | 5 | 5A | 6 |
| 1.00 ADMINISTRATIVE AND GENERAL | 7,362 | 40,742 | 54,091 | 11,871 |
| 2.00 INPATIENT - GENERAL CARE | | | 422,268 | 92,673 |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 7,362 | 40,742 | 476,359 | 104,544 |
| 30.00 UNIT COST MULTIPLIER | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET K-5 |
| I HOSPICE NO: | I TO 12/31/2008 | I PART I |
| I 14-1509 | I | I |

HOSPICE 1

| | | | |
|-----------------------|----------------------------|--------------|---------|
| OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY |
|-----------------------|----------------------------|--------------|---------|

HOSPICE COST CENTER

| | | | |
|---|---|----|----|
| 8 | 9 | 10 | 11 |
|---|---|----|----|

| | | | |
|---|--------|--|-------|
| 1.00 ADMINISTRATIVE AND GENERAL | 20,991 | | 7,136 |
| 2.00 INPATIENT - GENERAL CARE | | | |
| 3.00 INPATIENT - RESPITE CARE | | | |
| 4.00 PHYSICIAN SERVICES | | | |
| 5.00 NURSING CARE | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 6.00 PHYSICAL THERAPY | | | |
| 7.00 OCCUPATIONAL THERAPY | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | |
| 10.00 SPIRITUAL COUNSELING | | | |
| 11.00 DIETARY COUNSELING | | | |
| 12.00 COUNSELING - OTHER | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | |
| 14.00 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 15.30 ANALGESICS | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | |
| 15.32 OTHER | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 17.00 PATIENT TRANSPORTATION | | | |
| 18.00 IMAGING SERVICES | | | |
| 19.00 LABS AND DIAGNOSTICS | | | |
| 20.00 MEDICAL SUPPLIES | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 22.00 RADIATION THERAPY | | | |
| 23.00 CHEMOTHERAPY | | | |
| 24.00 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | |
| 27.00 FUNDRAISING | | | |
| 28.00 OTHER PROGRAM COSTS | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 20,991 | | 7,136 |
| 30.00 UNIT COST MULTIPLIER | | | |

| | | | |
|-----------|---------------------------|---------------------------------|----------|
| CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY |
|-----------|---------------------------|---------------------------------|----------|

HOSPICE COST CENTER

| | | | |
|----|----|----|----|
| 12 | 14 | 15 | 16 |
|----|----|----|----|

| | | | |
|---|-------|--|-------|
| 1.00 ADMINISTRATIVE AND GENERAL | 3,702 | | 1,081 |
| 2.00 INPATIENT - GENERAL CARE | | | |
| 3.00 INPATIENT - RESPITE CARE | | | |
| 4.00 PHYSICIAN SERVICES | | | |
| 5.00 NURSING CARE | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 6.00 PHYSICAL THERAPY | | | |
| 7.00 OCCUPATIONAL THERAPY | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | |
| 10.00 SPIRITUAL COUNSELING | | | |
| 11.00 DIETARY COUNSELING | | | |
| 12.00 COUNSELING - OTHER | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | |
| 14.00 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 15.30 ANALGESICS | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | |
| 15.32 OTHER | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 17.00 PATIENT TRANSPORTATION | | | |
| 18.00 IMAGING SERVICES | | | |
| 19.00 LABS AND DIAGNOSTICS | | | |
| 20.00 MEDICAL SUPPLIES | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 22.00 RADIATION THERAPY | | | |
| 23.00 CHEMOTHERAPY | | | |
| 24.00 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | |
| 27.00 FUNDRAISING | | | |
| 28.00 OTHER PROGRAM COSTS | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 3,702 | | 1,081 |
| 30.00 UNIT COST MULTIPLIER | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART I
I 14-1509 I I

HOSPICE 1

| HOSPICE COST CENTER | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | INTRN & RSDNT COST & POST STEPDWN AD |
|---|------------------------------|----------------|----------|--|
| | 17 | 18 | 25 | 26 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | 98,872 | |
| 2.00 INPATIENT - GENERAL CARE | | | 514,941 | |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | 613,813 | |
| 30.00 UNIT COST MULTIPLIER | | | | |

| HOSPICE COST CENTER | SUBTOTAL | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---|----------|----------------------------|------------------------|
| | 27 | 28 | 29 |
| 1.00 ADMINISTRATIVE AND GENERAL | 98,872 | | |
| 2.00 INPATIENT - GENERAL CARE | 514,941 | | |
| 3.00 INPATIENT - RESPITE CARE | | 98,872 | 613,813 |
| 4.00 PHYSICIAN SERVICES | | | |
| 5.00 NURSING CARE | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 6.00 PHYSICAL THERAPY | | | |
| 7.00 OCCUPATIONAL THERAPY | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | |
| 10.00 SPIRITUAL COUNSELING | | | |
| 11.00 DIETARY COUNSELING | | | |
| 12.00 COUNSELING - OTHER | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | |
| 14.00 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 15.30 ANALGESICS | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | |
| 15.32 OTHER | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 17.00 PATIENT TRANSPORTATION | | | |
| 18.00 IMAGING SERVICES | | | |
| 19.00 LABS AND DIAGNOSTICS | | | |
| 20.00 MEDICAL SUPPLIES | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 22.00 RADIATION THERAPY | | | |
| 23.00 CHEMOTHERAPY | | | |
| 24.00 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | |
| 27.00 FUNDRAISING | | | |
| 28.00 OTHER PROGRAM COSTS | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 613,813 | | 613,813 |
| 30.00 UNIT COST MULTIPLIER | | .192006 | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART I
I 14-1509 I I

HOSPICE 1

| | SUBTOTAL | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---------------------|----------|----------------------------|------------------------|
| HOSPICE COST CENTER | 27 | 28 | 29 |

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART II
I 14-1509 I I

HOSPICE 1

| HOSPICE COST CENTER | OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET) | NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET) |
|---|--|--|--|--|
| | 1 | 2 | 3 | 4 |
| 1.00 ADMINISTRATIVE AND GENERAL | 1,006 | 1,006 | 1,006 | 1,006 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 1,006 | 1,006 | 1,006 | 1,006 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | 5,987 | 7,362 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | 5.951292 | 7.318091 |

| HOSPICE COST CENTER | EMPLOYEE BENEFITS (GROSS SALARIES) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6 | OPERATION OF PLANT (SQUARE FEET) 8 |
|---|--|----------------------|---|---|
| 1.00 ADMINISTRATIVE AND GENERAL | 277,046 | | 54,091 | 1,006 |
| 2.00 INPATIENT - GENERAL CARE | | | 422,268 | |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

| | | |
|----------------|------------------|----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 6/ 1/2009 |
| I 14-0125 | I FROM 1/ 1/2008 | I WORKSHEET K-5 |
| I HOSPICE NO: | I TO 12/31/2008 | I PART II |
| I 14-1509 | I | I |

HOSPICE 1

| | EMPLOYEE BENEFITS | RECONCILIATION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|-------------------------------------|----------------------|----------------|-----------------------------|-----------------------|
| HOSPICE COST CENTER | 5 | 6A | 6 | 8 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 277,046 | | 476,359 | 1,006 |
| 30.00 TOTAL COST TO BE ALLOCATED | 40,742 | | 104,544 | 20,991 |
| 31.00 UNIT COST MULTIPLIER | .147059 | | .219465 | 20.865805 |

| | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|---|----------------------------|---------------|----------------|-----------|
| HOSPICE COST CENTER | (POUNDS) | (SQUARE FEET) | (MEALS SERVED) | (FTE'S) |
| | 9 | 10 | 11 | 12 |
| 1.00 ADMINISTRATIVE AND GENERAL | | 1,006 | | 667 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | 1,006 | | 667 |
| 30.00 TOTAL COST TO BE ALLOCATED | | 7,136 | | 3,702 |
| 31.00 UNIT COST MULTIPLIER | .000000 | 7.093439 | .000000 | 5.550225 |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART II
I 14-1509 I

HOSPICE 1

| HOSPICE COST CENTER | NURSING ADMINISTRATION (NURSING SALARIES) 14 | CENTRAL SERVICES & SUPPLY (COSTED REQS) 15 | PHARMACY (COSTED REQS) 16 | MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 17 |
|---|--|--|-------------------------------------|---|
| 1.00 ADMINISTRATIVE AND GENERAL | | 7,012 | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPITE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | 7,012 | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | 1,081 | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .154164 | .000000 | .000000 |

SOCIAL SERVICE

HOSPICE COST CENTER

(PATIENT DAYS)

18

1.00 ADMINISTRATIVE AND GENERAL
2.00 INPATIENT - GENERAL CARE
3.00 INPATIENT - RESPITE CARE
4.00 PHYSICIAN SERVICES
5.00 NURSING CARE
5.20 NURSING CARE-CONTINUOUS HOME CARE
6.00 PHYSICAL THERAPY
7.00 OCCUPATIONAL THERAPY
8.00 SPEECH/LANGUAGE PATHOLOGY
9.00 MEDICAL SOCIAL SERVICES
10.00 SPIRITUAL COUNSELING
11.00 DIETARY COUNSELING
12.00 COUNSELING - OTHER
13.00 HOME HEALTH AIDE AND HOMEMAKER
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
14.00
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
15.30 ANALGESICS
15.31 SEDATIVES / HYPNOTICS
15.32 OTHER
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
17.00 PATIENT TRANSPORTATION
18.00 IMAGING SERVICES
19.00 LABS AND DIAGNOSTICS
20.00 MEDICAL SUPPLIES
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
22.00 RADIATION THERAPY
23.00 CHEMOTHERAPY
24.00
25.00 BEREAVEMENT PROGRAM COSTS
26.00 VOLUNTEER PROGRAM COSTS
27.00 FUNDRAISING
28.00 OTHER PROGRAM COSTS

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART II
I 14-1509 I I

HOSPICE 1

SOCIAL SERVICE

HOSPICE COST CENTER

18

29.00 TOTAL (SUM OF LINE 1 THRU 28)
30.00 TOTAL COST TO BE ALLOCATED
31.00 UNIT COST MULTIPLIER

.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0125 I FROM 1/ 1/2008 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2008 I PART III
I 14-1509 I I

HOSPICE 1

| | WKSHT C, PART I COLUMN 9 LINE: | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCILLARY COSTS 3 |
|--|---|---------------------------------|----------------------------------|--|
| 1 PHYSICAL THERAPY | 50 | .159085 | | |
| 2 OCCUPATIONAL THERAPY | 51 | | | |
| 3 SPEECH PATHOLOGY | 52 | | | |
| 4 DRUGS CHARGED TO PATIENTS | 56 | .154780 | | |
| 5 DURABLE MEDICAL EQUIP-SOLD | 67 | | | |
| 6 LABORATORY | 44 | .066780 | | |
| 7 MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | .193258 | | |
| 8 EMERGENCY | 61 | .069459 | | |
| 9 RADIOLOGY-DIAGNOSTIC | 41 | .097150 | | |
| 9.01 ULTRA-SOUND | 41.01 | | | |
| 9.02 CT SCAN | 41.02 | | | |
| 9.03 MRI | 41.03 | | | |
| 10 ACUPUNCTURE | 59 | | | |
| 10.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES | 59.01 | .423389 | | |
| 11 TOTAL (SUM OF LINES 1-10) | | | | |

CALCULATION OF PER DIEM COST

IN LIEU OF FORM CMS-2552-96-K-6 (09/2000)

| | | | | | |
|---|--------------|---|----------------|---|--------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 6/ 1/2009 |
| I | 14-0125 | I | FROM 1/ 1/2008 | I | WORKSHEET K-6 |
| I | HOSPICE NO: | I | TO 12/31/2008 | I | |
| I | 14-1509 | I | | I | |

HOSPICE 1

COMPUTATION OF PER DIEM COST

| | TITLE XVIII | TITLE XIX | OTHER | TOTAL(1) |
|--|-------------|-----------|-------|----------|
| | 1 | 2 | 3 | 4 |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) | | | | 613,813 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4) | | | | 6,850 |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2) | | | | 89.61 |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1) | 6,762 | | | |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4) | 605,943 | | | |
| 6 UNDUPLICATED MEDICAID DAYS | | 31 | | |
| 7 AGGREGATE MEDICAID COST | | 2,778 | | |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2) | | | | |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8) | | | | |
| 10 UNDUPLICATED NF DAYS | | | | |
| 11 AGGREGATE NF COST | | | | |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3) | | | 57 | |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12) | | | 5,108 | |

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0125 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 14-0125 I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

| | | |
|------------|--|-----------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 1,082,786 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3 .01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 4,692 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 111.81 |
| | IN THE COST REPORTING PERIOD | |
| 4 .01 | NUMBER OF INTERNS AND RESIDENTS | .00 |
| | (SEE INSTRUCTIONS) | |
| 4 .02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4 .03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECEIPTIENT PATIENT DAYS TO | 12.23 |
| | MEDICARE PART A PATIENT DAYS | |
| 5 .01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | 40.67 |
| | DAYS REPORTED ON S-3, PART I | |
| 5 .02 | SUM OF 5 AND 5.01 | 52.90 |
| 5 .03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 11.31 |
| 5 .04 | DISPROPORTIONATE SHARE ADJUSTMENT | 122,463 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 1,209,941 |
| PART II - | HOLD HARMLESS METHOD | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - | PAYMENT UNDER REASONABLE COST | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - | COMPUTATION OF EXCEPTION PAYMENTS | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |